

Registration District No. _____ Primary Registration District No. **10C 1000**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town **St. Louis**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **City Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **4 days**
 (Specify whether **25 years** years, months or days)

3. (a) PRINT FULL NAME **John Gorey**
3. (b) If veteran, name war _____
3. (c) Social Security No. **497-18-32 25**

4. Sex **Male** **5. Color or race** **white**
6. (a) Single, widowed, married, divorced, married
6. (b) Name of husband or wife **Mary** **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased **Unknown**
 (Month) (Day) (Year)

8. AGE: Years **about 56** Months _____ Days _____ If less than one day
 hr. _____ min. _____
9. Birthplace **Hungary**
 (City, town, or county) (State or foreign country)

10. Usual occupation **laborer**
11. Industry or business **Golf Course**
12. Name **U**
13. Birthplace **nk**
 (City, town, or county) (State or foreign country)
14. Maiden name **n**
15. Birthplace **o**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Hrin**
(b) Address **4501 Gibson**
17. (a) Burial **(b) Date thereof** **6-23-48**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Matthews Cem.**
18. (a) Signature of funeral director **Rowland Mortuary Svc**
(b) Address **4104 Manchester**
19. (a) Date received local registrar **JUN 22 1948** **(b) J. T. Bruesch**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **000**
 (c) City or town **St. Louis** **17**
 (If outside city or town limits, write "RURAL") **9**
 (d) Street No. **4501 Gibson**
 (If rural, give location) **0**
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **18**
 year **1948** hour **9:30** minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____,
 and that death occurred on the date and hour stated above. **Duration**
Immediate cause of death **Fracture of skull;**
Subdural Hematoma; when he fell down
the concrete steps at his home on May
22nd, 1948, exact time unknown.

Due to **ACCIDENT**
Other conditions _____
 (Include pregnancy within 3 months of death)
Major findings: **18**
 Of operations: _____
 Of autopsy: _____

PHYSICIAN
 Underline the cause of death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Accident**
(b) Date of occurrence **5-22-1948**
(c) Where did injury occur? **St. Louis**
 (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **home**
 (Specify type of place)
While at work? **no** **(e) Means of injury** **see above**
23. Signature **Patrik E. Taylor**
Address **1300 Clark** **Date signed** **6-22-48**

MOTHER FATHER

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

....., Registered Apprentice No.
working under my personal supervision.

Signed

Howard F. Rowland

Licensed Embalmer No. *3114*

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.