

Mo. 300
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PI 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27749

FILED SEP 7 1948
Registration District No. 318

Primary Registration District No. 1003

* Registrar's No. 7492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6132 Pershing
(If not in hospital or institution; write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 6132 Pershing Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

In this community _____ years, months or days
3. (a) PRINT FULL NAME Mary E. Gorman
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 25
year 1948 hour _____ minute 5P M.

4. Sex F 5. Color or race W 6. (a) ~~Single~~, widowed, married, divorced 2
7. Birth date of deceased: JUNE 18 1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1926 to Aug 25 1948
that I last saw her alive on Aug 25, 1948
and that death occurred on the date and hour stated above.

8. AGE: Years 80 Months 2 Days 7 If less than one day _____ hr. _____ min.
9. Birthplace ST. LOUIS Mo.
(City, town, or county) (State or foreign country)

Immediate cause of death: Terminal Broncho pneumonia
Due to _____

10. Usual occupation HOUSEWIFE
11. Industry or business _____
12. Name JOHN MURPHY II
13. Birthplace IRELAND
(City, town, or county) (State or foreign country)
14. Maiden name MARY MURPHY II
15. Birthplace IRELAND
(City, town, or county) (State or foreign country)

Due to Generalized Chronic Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

16. (a) Informant GRACE GORMAN
(b) Address 6132 PERSHING
17. (a) BURIAL (b) Date thereof 8 28-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director J. F. Brodeur
(b) Address 3320 N. KINGSHIGHWAY
19. (a) AUG 27 1948 (Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy no
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
(e) Means of injury _____
While at work? _____
23. Signature Albert Motzel (M. D. or other)
Address 2739 N. Grand Date signed 8-26

ALBERT MOTZEL

7-7-99

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 VAN M. Sizemore

Licensed Embalmer No. 4343

P. O. Address.....

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.