

No. 300
10.48

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STANDARD CERTIFICATE OF DEATH

State File No. 610
Registrar's No. 610

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

10

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

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) b. STATE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 5	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 3953 St. Louis Ave.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital			4. DATE OF DEATH (Month) (Day) (Year) Jan. 19, 1949		
3. NAME OF DECEASED (Type or Print) Katherine H. Gorman			a. (First)	b. (Middle)	c. (Last)
5. SEX F.	6. COLOR OR RACE F.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH Oct. 11, 1895	9. AGE (In years last birthday) 53	IF UNDER 1 YEAR 3
IF UNDER 1 YEAR 8	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.			12. CITIZEN OF WHAT COUNTRY?		
13a. FATHER'S NAME Thomas Gorman		13b. MOTHER'S MAIDEN NAME Mary E. Devlin		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Mary E. Gorman, 3953 St. Louis A.		
17. ADDRESS	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of colon	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Ca of Colon Primary	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	46 13 11				
19a. DATE OF OPERATION July 147	19b. MAJOR FINDINGS OF OPERATION As above				
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-29-1947, to 1-19-1949, that I last saw the deceased alive on 1-19-1949, and that death occurred at 6:20 p. m., from the causes and on the date stated above.					
23a. SIGNATURE Carl J. Kern M.D. (I)			23b. ADDRESS Humboldt Bldg.		23c. DATE SIGNED 1-21-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-22-49	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL JAN 21 1949	REGISTRAR'S SIGNATURE J. B. Sarata	FUNERAL DIRECTOR'S SIGNATURE J. W. Donnell	ADDRESS 3640 Lindell Blvd.		

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

W. F. VanMatre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

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.