

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE _____ b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS MO**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **ST LOUIS MO** **2059**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. JOHNS HOSPITAL**

d. STREET ADDRESS (If rural, give location) **ST LOUIS MO 5596 Page**

3. NAME OF DECEASED
a. (First) **WINIFRED** b. (Middle) _____ c. (Last) **GORMAN**

4. DATE OF DEATH (Month) (Day) (Year)
OCT 3, 1950

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **WIDOW**

8. DATE OF BIRTH **FEB 22, 1880**

9. AGE (In years last birthday) **70** UNDER 1 YEAR UNDER 24 HRS. **7** **11** **11**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **HOUSEWIFE**

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) **IRELAND** **4**

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME **DENNIS DEACY**

13b. MOTHER'S MAIDEN NAME **KATHERINE LOFTUS**

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) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **THOMAS GORMAN. 5596 Page**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Carcinoma of ascending colon**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **general carcinoma metastases**

INTERVAL BETWEEN ONSET AND DEATH **6 months**

19a. DATE OF OPERATION **9-28-50**

19b. MAJOR FINDINGS OF OPERATION **Ca. of Colon - with extension to organs**

20. AUTOPSY? YES NO

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) **15th X**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **9-19**, 19**50**, to **10-9**, 19**50**, that I last saw the deceased alive on **10-2**, 19**50**, and that death occurred at **7 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Wm P Glennon M.D.**

23b. ADDRESS **212 N. Kingshighway**

23c. DATE SIGNED **10-5-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **(D)**

24b. DATE **OCT 6TH 1950**

24c. NAME OF CEMETERY OR CREMATORY **CALVARY CEMETERY**

24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE REC'D BY LOCAL REG. **OCT 5 1950** REGISTRAR'S SIGNATURE _____

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **SULLIVAN BROTHERS. 2849 N. Euclid**

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

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Robert L. Brinkman*
Licensed Embalmer No. *355-3*
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.