

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37472

State File No.

FILED OCT 21 1957

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

Registrar's No. 9261

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|---|---|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 3 years | | c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Stone Nursing Home | | e. STREET ADDRESS (If rural, give location) 4603a Pope Avenue | | | |
| 3. NAME OF DECEASED a. (First) Sarah b. (Middle) M. c. (Last) Gorman (Type or Print) SARAH GORMAN | | | 4. DATE OF DEATH (Month) (Day) (Year) October 3, 1957 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow | 8. DATE OF BIRTH Dec. 18, 1874 | | 9. AGE (In years last birthday) 82 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker | | 10b. KIND OF BUSINESS OR INDUSTRY At Home | 11. BIRTHPLACE (City and State or Foreign Country) 4 County Tyrone, Ireland | | 12. CITIZEN OF WHAT COUNTRY? USA - 70 yrs |
| 13a. FATHER'S NAME Alexander Forsythe | | 13b. MOTHER'S MAIDEN NAME Rebecca Patterson | | 14. NAME OF HUSBAND OR WIFE David A. Gorman (Deceased) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | | 16. SOCIAL SECURITY NO. unknown | 17. INFORMANT'S SIGNATURE OR NAME Mrs. C. Sexton, 4603a Pope Ave., St. Louis ADDRESS | | |
| 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) Arteriosclerotic HEART DISEASE OVER ANTECEDENT CAUSES Arteriosclerotic heart disease DUE TO (b) Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS GENERALIZED AND CEREBRAL ARTERIOSCLEROSIS OSTEOARTHRITIS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 10 YEARS |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Generalized & Cerebral arteriosclerosis Osteoarthritis 420.0 | | | 20. AUTOPSY? 2- YES <input type="checkbox"/> NO <input checked="" 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) | | 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 7-16 4, 1952, to 10-3, 1952, that I last saw the deceased alive on 4-25, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE Robert J. Petersen (Degree or title) M.D. R. Petersen M.D. | | | 23b. ADDRESS 4375 W. Pine St. Louis 14375 W. PINE ST. LOUIS | | 23c. DATE SIGNED 10-3-57 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 10-6-1957 | 24c. NAME OF CEMETERY OR CREMATORY Harmony Cemetery | | 24d. LOCATION (City, town, or county) (State) Beason, Illinois | |
| DATE REC'D BY LOCAL REG. OCT 4 57 | | | REGISTRAR'S SIGNATURE Carl Smith M.D. m 88 | | 25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc., 2161 E. Fair Av ADDRESS |

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement McManis*.....

Licensed Embalmer No. *3932*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.