

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-019188
STATE FILE NUMBER
2 5322

FILED JUN 15 1959 Registration District No. Primary Registration District No. Registrar No.

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, give TOWNSHIP only) OR TOWN **St. Louis** Inside Limits Yes No
c. CITY OR TOWN **St. Louis** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **St. Anne Home** Length of stay in 1b **1 Month**
d. STREET ADDRESS (If outside, give location) **1246 No. Kingshighway** Reside on Farm No

3. NAME OF DECEASED First Middle Last **GERTRUDE BLANCHE GORMAN**
4. DATE OF DEATH Month Day Year **June 1, 1959**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH **Nov. 3, 1892** 9. AGE (In years (last birthday)) **66** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House work**
10b. KIND OF BUSINESS OR INDUSTRY **Homemaker** 11. BIRTHPLACE (City and state or country) **St. Louis Mo.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Gorman** 13b. MOTHER'S MAIDEN NAME **Jennie Moran** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. **none** 17. INFORMANT Address **way Alexis P. Gorman 1246 No. Kingshigh**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Coronary arteriosclerosis** INTERVAL BETWEEN ONSET AND DEATH **10 yrs**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) **Cardio-vascular disease** **10 yrs**
DUE TO (c) **422.1**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.

20d. INJURY OCCURRED WHILE AT NOT WHILE AT WORK
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **May 11/59** to **June 1/59** and last saw ^{her} **him** alive on **June 1/59**.
Death occurred at **12:25 P** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Dr. Wm J. Tangan, Jr. M.D.** 22b. ADDRESS **5803 Plymouth St. St. Louis** 22c. DATE SIGNED **June 3/59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **6/4/59** 23c. NAME OF CEMETERY OR CREMATORY **Calvary Cemetery** 23d. LOCATION (City, town, or county) (State) **St. Louis Mo.**

24. FUNERAL DIRECTOR ADDRESS **Callen Kelly 7267 Natural Bridge** 25. DATE RECD. BY LOCAL REG. **JUN 3 '59** 26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James A. Lommer*

Licensed Embalmer No. *4142*

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.