

# JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

XC-289 421 Reg. #A-782

'59 0 4 6 3 7 7

STATE FILE NUMBER

FILED VS JAN - 8 1960

317

Primary Registration District No. 500

Registrar's No. 3245

DOCUMENT

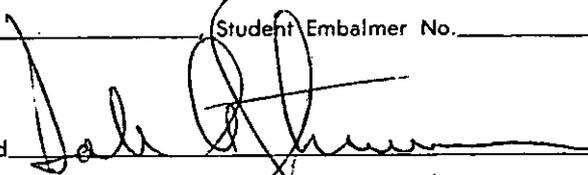
1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		Length of stay in 1b <b>70 days</b>	c. CITY OR TOWN <b>ST. LOUIS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP</b>			d. STREET ADDRESS (If outside, give location) <b>3866 Hartford</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWARD J. GORMAN</b>			4. DATE OF DEATH Month Day Year <b>12-4-59</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>8-28-87</b>	9. AGE (last birthday) <b>72</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>PAINTER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SIGN PAINTING</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>PATRICK GORMAN</b>		13b. MOTHER'S MAIDEN NAME <b>MARGARET NASH</b>		14. NAME OF HUSBAND OR WIFE <b>-----</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or of unknown) (If yes, give war or dates of service) <b>YES WW-I</b>		16. SOCIAL SECURITY NO. <b>498-18-3352</b>	17. INFORMANT Address <b>VA HOSP. RECORDS, JEFFERSON BARRACKS, MO.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CARDIAC DECOMPENSATION</b>					INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b>					<b>7 years</b>	
DUE TO (c) _____						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>MULTIPLE MYELOMA</b>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>1 1/2 mos.</b>		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 s.m. p.m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. attended the deceased from <b>VA 9-25-59</b> to <b>12-4-59</b> and last saw him <b>alive on</b>	Death occurred at <b>2:45 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Robert C. Hoppe</i> M.D.			22b. ADDRESS <b>VA Hosp. Jefferson Barracks, Mo</b>		22c. DATE SIGNED <b>12-5-59</b>	
23a. BURIAL, CREMATION OR REMOVAL (Specify) <b>REMOVAL DEC. 7, 1959</b>		23b. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	23c. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO.</b>			
24. FUNERAL DIRECTOR ADDRESS <b>KRIEGSHAUSER 4228 S. KINGSHIGHWAY</b>		25. DATE RECD. BY LOCAL REG. <b>12-5-59</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy M.D.</i>			

BY AFFIDAVIT OF

**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  \_\_\_\_\_

Licensed Embalmer No. 4533

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.