

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1204
Do not use this space.

FEB 12 1938

1. PLACE OF DEATH
 (a) County Registration District No. 791
 (b) Township Primary Registration District No. Deaconess Hospital
 (c) City St. Louis (d) Street No. 1060 St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William D Olderworth
 (a) Residence, No. McKnight & Ladue Rds. St. St. Louis Co. Mo.
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Henrietta Olderworth
 (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 28 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 29

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Co. Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Bruno Olderworth

14. BIRTHPLACE (CITY OR TOWN) BELGIUM
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Davis

16. BIRTHPLACE (CITY OR TOWN) Wales
 (STATE OR COUNTRY)

17. INFORMANT Mrs Henrietta Olderworth
 (ADDRESS) McKnight & Ladue Rds.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Paul Cem. DATE Jan 29, 1938

19. FUNERAL DIRECTOR Wm. J. Bopp
 (ADDRESS) Kirkwood, Mo.

20. FILED JAN 28 1938 J. Bredeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27th 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1937, to Jan 27, 1938

I last saw him alive on Jan 26, 1938. Death is said to have occurred on the date stated above, at 9:50 a.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
acid regurgitating
Primary seat unknown
 Date of onset

Other contributory causes of importance:

H6C
 Name of operation Appendectomy Date of 1-27-38
 What test confirmed diagnosis Sp. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) H. L. Meador, M. D.
 (Address) Colony, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1060

1060

STATEMENT BY LICENSED EMBALMER

I, John M. Meyer, Licensed Embalmer No. 3288
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed John M. Meyer
Licensed Embalmer No. 3288

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.)