

REC'D SEP 12 1938

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

27601
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1008**
 (c) City St. Louis, Mo. (d) Street No. Saint Louis Maternity Hospital Registered No. **7615**
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.
 (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 Worthington, Infant

(a) Residence, No. 4280 Washington Avenue St. **19**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 17, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 3 5 Wks. 20 50

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 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) (STATE OR COUNTRY) St. Louis, Mo.FATHER 13. NAME Worthington, Eugene Edward14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) San Francisco, CaliforniaMOTHER 15. MAIDEN NAME Bushnell, Dorothy Helen16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Big Rock, Illinois17. INFORMANT (ADDRESS) E. C. Worthington
4280 Washington18. BURIAL, CREMATION, OR REMOVAL PLACE Dept of Pathology Wash Univ DATE 8-18-3819. FUNERAL DIRECTOR (ADDRESS) Dept of Pathology Washington Univ20. FILED AUG 27 1938 J. B. Bullock Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 18, 193822. I HEREBY CERTIFY, That I attended deceased from Aug. 17, 1938, to August 18, 1938I last saw him alive on August 18, 1938 Death is said to have occurred on the date stated above, at 12:15 P.M.

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

intracranial hemorrhage Date of onset35 Wks. / 160 lbs

Other contributory causes of importance:

Prematurity
Rapid labor

Name of operation _____ Date of _____

What test confirmed diagnosis? Yes 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) Wm. C. Service, M. D.(Address) 101 S. 1st St., St. Louis, Mo.

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)