

NOV 16 1938

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

34123

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis, Mo.** (d) Street No. **Desloge Hospital** 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.

Registered No. **9109**

2. PRINT FULL NAME

Cordelia Worthen
(a) Residence, No. **5707 Mc Pherson** St. **5**
(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 **Fe male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Andrew J. Worthen**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 5, 1856**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 6 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
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) **Illinois**

FATHER 13. NAME **Thadius King**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

MOTHER 15. MAIDEN NAME **Elizabeth Campbell**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **South Carolina**

17. INFORMANT (ADDRESS) **Daisy Worthen 5707 McPherson**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cemetery 10/20/38**

19. FUNERAL DIRECTOR (ADDRESS) **Edith E. Ambruster 4234 Manchester**

20. FILED **J. F. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **10/17/38**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **10-12-**, 19**38**, to **10-17-**, 19**38**

I last saw h. or alive on **10-17-**, 19**38**. Death is said to have occurred on the date stated above, at **11:15 p.m.**

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

Lobar Pneumonia

Date of onset **10-10-38**

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **Post mortem** 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? **no**
If so, specify

(Signed) **Galvain J. Burke**, M. D.
(Address) **607 N. Grand**

STATEMENT BY LICENSED EMBALMER

I, Florenz Eynck....., Licensed Embalmer No. 1284

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 Florenz Eynck.....

Licensed Embalmer No. 1284

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.)