

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital, #1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 Day
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME John C. Worpell

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED
 6. (b) Name of husband or wife MAY WORPELL 6. (c) Age of husband or wife if alive unk years
 7. Birth date of deceased APRIL 28 (Month) (Day) (Year) 1863

8. AGE: Years 77 Months 4 Days 7 If less than one day _____ hr. _____ min.

9. Birthplace DETROIT, MICHIGAN
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name WORPELL
 13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
 14. Maiden name ROSE
 15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Thelma Robinson

(b) Address 2225 S. Jefferson av

17. (a) BURIAL (b) Date thereof SEPT 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation new-ST. MARCUS

18. (a) Signature of funeral director E. J. Schmur,

(b) Address 3125 Lafayette av

19. (a) SEP 4 1940 (b) _____
(Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County _____
 (c) City or town ST. LOUIS 23
(If outside city or town limits, write "RURAL")
 (d) Street No. 2225 S. JEFFERSON.
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 4, year 1940 hour 4:12 minute A. M.

21. I hereby certify that I attended the deceased from September 3, 1940 to September 4, 1940; that I last saw him alive on September 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Carcinoma of liver
 Due to _____
 Due to _____
 Other conditions: Chronic alcoholism, arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
 Of autopsy: Carcinoma of liver, acute pleural effusion, enlargement of heart

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1
 23. Signature John J. Mery (M. D. or other) _____
 Address 1575 Lafayette Ave Date signed 8/4/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Joseph B. Rollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette*

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