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FILED MAR 25 1941 791

State File No. _____
Registrar's No. 1574

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St Louis
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 days
(Specify whether years, months or days)

In this community 10 years

3. (a) PRINT FULL NAME Hulda Wortham

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

4. Sex Fr 5. Color or race col 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Frank Wortham 6. (c) Age of husband or wife if alive 1863 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 78 Months - Days 2 If less than one day hr. min.

9. Birthplace Ponactoc 1 mile
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business _____

12. Name Ross Duke

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Caster Crawford

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie mine

(b) Address 1724 Glasgow

17. (a) Burial (b) Date thereof 7-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. J. Walton

(b) Address 2707 Stoddard St.

19. (a) FEB 18 1941 (b) J. Bredeck
(Date received local registrar) (Registrar's signature)

MOTHER FATHER

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1923 1/2 Carr
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13
year 1941 hour 8:20 minute _____ P. M.

21. I hereby certify that I attended the deceased from January 26, 1941 to February 13, 1941;
that I last saw her alive on February 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Chronic Nephritis

Due to _____

Due to _____

Other conditions 1/2
(Include pregnancy within 3 months of death)

Duration
12-15 mos

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

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)
(c) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 2601 N Whittier Date signed _____

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.....

William C. McDowell, Registered Apprentice No.....
working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

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