S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 21 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32589

State File No. 8440

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

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

(c) Name of hospital or institution: City Sanitarium 2

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4yrs. 7mos. 13dys. (Specify whether

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 13 000

(a) State Missouri (b) County 19

(c) City or town St. Louis ~~103~~ 1
(If outside city or town limits, write "RURAL")

(d) Street No. 4431 Penrose
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country —

3. (a) PRINT FULL NAME GUSTAVE WORLEY

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race white 1

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Clara Koester Worley

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 22, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
73	2	18	hr. min.

9. Birthplace St. Louis, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Adolph Worley
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant L. Deggendorf

(b) Address 5400 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 13 - 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge

19. (a) OCT 12 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10
year 1942 hour 8:00 minute A. M.

21. I hereby certify that I attended the deceased from 7-1-42, 19, to 10-10-42, 19;
that I last saw him alive on 10-10-42, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis (Onset 7 years) — Duration

Due to Acute Pharyngitis (Onset 10 dys)
Senile Psychosis (onset 7 years)

Due to Ac. Pharyngitis just

Other conditions a contributory cause
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy No.

PHYSICIAN
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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature Stanley S. Nemec (M. D. or other) MD

Address 5400 Arsenal St Date signed 10/10/42

(Licensed Embalmer's Statement on Reverse Side)

NOV 9 1942

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 John A. Mlenar, Registered Apprentice No. ....., working under my personal supervision.

Signed John A. Mlenar

Licensed Embalmer No. 4186

P. O. Address St. Louis, Mo.

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.