. No. 2
—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20442

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 5560

1. PLACE OF DEATH:

(a) County St.Louis Mo.
(b) City or town ..... (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4531 A No,Market St. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days) 1

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") 17
(d) Street No. 4531 A N.Market St. (If rural, give location) 9
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 10

3. (a) PRINT FULL NAME WILLIAM WORTHINGTON

3. (b) If veteran, name war No

3. (c) Social Security No. 486-16-9773

4. Sex 0 Male

5. Color or race W

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

6. (b) Name of husband or wife Mary Kramer

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased Feb 16th 1877 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Molder

11. Industry or business Laclede Stoker Co.

FATHER
12. Name Owen Worthington
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

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

16. (a) Informant Mary Worthington
(b) Address 4531 A N.Market St,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Sullivan Bro's
(b) Address 2849 N,Euclid ave.

19. (a) JUN 20 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1944 hour 4 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 29-44, 1944 to June 17, 1944 that I last saw him alive on June 16, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death acute myocarditis	
Due to chronic Interstitial nephritis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 1/21	
Major findings: Of operations	
Of autopsy	

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 .....

23. Signature D. A. Thomson (M. D. ~~or other~~)
Address 3121 N Grand Date signed June 19

(Licensed Embalmer's Statement on Reverse Side)

Dr.D, A,Tomson
3121 N.Grand ave;
Franklin 1244

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 Ernest T. Sullivan

Licensed Embalmer No. 7980

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.