

FILED JUN 26 1946
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 5158

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4318 a Cook
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HARRY WORMLEY

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife CLARA WORMLEY 6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Oct 14 1879
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Bastrop Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Porter

11. Industry or business

12. Name Johnson Wormley
13. Birthplace UNK Texas
(City, town, or county) (State or foreign country)
14. Maiden name UNK
15. Birthplace UNK UNK, O
(City, town, or county) (State or foreign country)

16. (a) Informant CLARA WORMLEY

(b) Address 4318 a COOK, AVE

17. (a) Burial (b) Date thereof JUNE 20, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters

18. (a) Signature of funeral director English Und. Co
(b) Address 2931 WASCAS AVE

19. (a) JUN 20 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1946 hour 12 minute 50 P.M.

21. I hereby certify that I attended the deceased from May 14, 1946, to June 16, 1946
that I last saw him alive on June 16, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Thrombosis
Broncho-pneumonia

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy None

Duration

Undet.

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? _____

While at work _____ (Specify type of injury) (c) Means of injury 0
23. Signature E. B. Williams (M. D. or other)
Address 2601 W. Whittier Date signed 6/17/46

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

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 Burleson English

Licensed Embalmer No. 4208

P. O. Address 2931 Lucas Ave

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.