

**FILED JUL 22 1946** STANDARD CERTIFICATE OF DEATH

State File No. **24854**

Registration District No. **317**

Primary Registration District No. **3065**

Registrar's No. **1514**

1. PLACE OF DEATH:

(a) County St Louis

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

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

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

In this community \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St Louis

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

(d) Street No. 651 E. Monroe  
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emeline Warfield Worrall

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14<sup>th</sup>  
year 1946 hour 10 minute - A. M.

21. I hereby certify that I attended the deceased from June 16/46  
\_\_\_\_\_ 1946 to July 14 1946  
that I last saw her alive on July 14 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife G.H. Worrall 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept. 9 1885  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis

Due to 93a

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

60	10	6	hr. min.
----	----	---	----------

9. Birthplace Kirkwood Mo. 7  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

12. Name John R. Warfield

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

14. Maiden name Mary Barber

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

16. (a) Informant G.H. Worrall  
(b) Address 651 E. Monroe, Kirkwood, Mo.

17. (a) CREMATION (b) Date thereof 7-17-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CREMATORY

18. (a) Signature of funeral director Louis H. Bopp - Inc.  
(b) Address Kirkwood, Mo.

19. (a) 7-18-46 (b) E. S. McFarman  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature Alvin Bly (M. D. or other) \_\_\_\_\_  
Address 225 Erica Bly St. Date signed 7/16/46

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

Underberg

DEC 21 1988

**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: *Paul M. Spence*

Licensed Embalmer No. *4343*

P. O. Address: *2415 Zephyr Pl  
Morgantown W*

**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.**