

FILED NOV 19 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38123

State File No. 3063

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 8272

1. PLACE OF DEATH:
 (a) County St. Louis County,
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Res:- Conway Road & Mason Road.
 (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

3. (a) PRINT FULL NAME HARRY L. WORMAN.
 3. (b) If veteran, name war none.
 3. (c) Social Security No. _____

4. Sex Male. 5. Color or race White.
 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Iola F. Worman.
 6. (c) Age of husband or wife if alive 43. years
 7. Birth date of deceased July, 19 1881.
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65. 3. 19. hr. min.

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

10. Usual occupation Chief Operating Officer of

11. Industry or business Frisco R. R.

MOTHER FATHER
 { 12. Name Unknown. Worman.
 { 13. Birthplace Unknown.
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unknown.
 { 15. Birthplace Unknown.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Iola F. Worman.

(b) Address Conway Rd, Clayton 5, Mo.,

17. (a) Entombment. (b) Date thereof 11/11/46.
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address 7233 Delmar Bly'd.

19. (a) A-12-46 (b) Ruth J. Allen
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri. (b) County St. Louis, 96
 (c) City or town Clayton 5,
 (If outside city or town limits, write "RURAL")
 (d) Street No. Box #386.
 (If rural, give location)
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th,
 year 1946. hour 10:30 minute P. M.
 21. I hereby certify that I attended the deceased from Feb. 6th
 19 46 to Oct. 22, 19 46.
 that I last saw him alive on Oct. 22, 19 46.
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration _____
 Due to Myocardial damage 940
 Due to Hypertension
 Other conditions None
 (Include pregnancy within 3 months of death)
 Major findings: None
 Of operations _____
 Of autopsy None
 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) _____
 Means of injury _____
 23. Signature [Signature] (M. D. or other) _____
 Address 607 [Address] Date signed _____

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

36938

University Club Bldg.
FR 2828
1-4 P.M.

DEC 13 1946

JAN 2 1947

JUL 1 1947

SEP 17 1949

JAN 24 1948

MAY 1 1947

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 Clarence A. Murray
Licensed Embalmer No. 4011
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.