V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26233

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6533

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City 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 Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5478 Wren Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ida M. Gieseler-Worsham
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Late Aubrey Worsham
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 1 (Day) 1883 (Year)

8. AGE: Years 63 Months 9 Days 7 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Housework
11. Industry or business
MOTHER FATHER
12. Name Fred Moelling
13. Birthplace Hermann, (City, town, or county) Missouri (State or foreign country)
14. Maiden name Sophie Fischer
15. Birthplace Baden, (City, town, or county) Germany (State or foreign country)
16. (a) Informant Arthur Gieseler
(b) Address 3339a Lawn Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-47 (Month) (Day) (Year)
(c) Place: burial or cremation Zion Cemetery
18. (a) Signature of funeral director Kriegshauser Und.
(b) Address 4228 So. Kingshighway
19. (a) JUL 11 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 8th year 1947 hour 5:30 minute P.M.
21. I hereby certify that I attended the deceased from Feb. 6 1946 to June 1947; that I last saw her alive on June 7 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	mos.
Due to: Gen. arteriosclerosis	yrs.
Due to:	
Other conditions (Include pregnancy within 3 months of death): —	
Major findings: Of operations: —	
Of autopsy: —	

PHYSICIAN — Underline the cause of 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 John L. Horner (M. D. or other) M.D.
Address 1140 N. Taylor, St. Louis Date signed 7-11-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

6533

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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 Edwin D McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.