

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25436**
6131

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____					
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Mo b. COUNTY _____							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2019					
d. FULL NAME OF HOSPITAL OR INSTITUTION 610 W. Marceau				d. STREET ADDRESS (If rural, give location) 610 W. Marceau							
3. NAME OF DECEASED (Type or Print) Lawrence			a. (First)		b. (Middle)		c. (Last) Wormington				
4. DATE OF DEATH (Month) (Day) (Year) July 16, 1950		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 1885			
9. AGE (In years last birthday) 65		10. MONTHS 5		11. DAYS 16		12. HOURS 0		13. MIN. 16			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenance man				10b. KIND OF BUSINESS OR INDUSTRY Carter Carbrurator				11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Arthur Wormington			13b. MOTHER'S MAIDEN NAME Mary Boswill			14. NAME OF HUSBAND OR WIFE Mary Wormington					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mary Wormington, 610 W. Marceau				ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc.: It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary of R Lung 8 mo. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) none DUE TO (c) none II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 8 mo.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 163X							
22. I hereby certify that I attended the deceased from July 15, 1950 to July 16, 1950 , and that death occurred at 5 A.M. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) Mary Wormington				23b. ADDRESS 506 Olive St		23c. DATE SIGNED 7-17-50					
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-19-50		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem		24d. LOCATION (City, town, or county) (State) Lemay 23, Mo.					
DATE REC'D BY LOCAL REG. JUL 17 1950		REGISTRAR'S SIGNATURE J. B. Luster		25. FUNERAL DIRECTOR'S SIGNATURE Fendler Und. Co., 7420 Michigan							

WRITE PLAINLY—USING 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *W E Morris*

Licensed Embalmer No. *3360*

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.