

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35786**  
Registrar's No. **8953**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>ST. LOUIS</b>		2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>2131 SIDNEY</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAVID</b>		b. (Middle) <b>E.</b>		c. (Last) <b>WORTHAM</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>10 10 51</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>		8. DATE OF BIRTH <b>JAN. 16 1904</b>	
9. AGE (In years last birthday) <b>47</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>INSPECTOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GRICESIEDICK CO</b>		11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>D</b>	
13a. FATHER'S NAME <b>ROBERT WORTHAM</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA GOFORTH</b>		14. NAME OF HUSBAND OR WIFE <b>CATHERINE WORTHAM</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>CATHERINE WORTHAM 2131 SIDNEY</b>			
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBELLAR TUMOR, MALIGNANT</b>  ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <b>Bronchoiogenic carcinoma of the left lung with metastases to the left cerebellum.</b> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH <b>5-6 mo.</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? <b>192X</b>			
22. I hereby certify that I attended the deceased from <b>10-1</b> , 19 <b>51</b> , to <b>10-10</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>10-10</b> , 19 <b>51</b> , and that death occurred at <b>7:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>J.B. Kader, M.D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>10/10/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT. 13 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MO</b>	
DATE REC'D BY LOCAL REG. <b>OCT 10 1951</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith, M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Kutis</b>		ADDRESS <b>2906 Leavitt</b>	

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

*Leo J. Budde*

Licensed Embalmer No.

*3989*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
City St. Louis } ss.  
County of \_\_\_\_\_ }

State File No. 35786-51  
Local Registrar's No. \_\_\_\_\_

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 25th day of June, 1952, before me appears F. R. Bradley, M.D., who, upon his oath, states that the original record of ~~birth~~ death for David Wortham died October 10, 1951, in the State of Missouri, and which was filed at St. Louis on Oct., 1951, should be corrected as follows:

Item No. \_\_\_\_\_ should read Bronchiogenic carcinoma of the left lung with  
Instead of \_\_\_\_\_ metastases to the left cerebellum

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_ Cerebral tumor, malignant

Item No. 18 should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_  
Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant FR Bradley MD Director  
Barnes Hospital Relationship.

600 South Kingshighway, St. Louis  
Present Address.

Subscribed and sworn to before me this 25th day of June, 1952.

My Commission expires 9/21/52 Alice Marshall Notary Public.