

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8104**
Registrar's No. **1549**

FILED FEB 26 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (In this place) 33yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 21 2656 Delmar	

3. NAME OF DECEASED (Type or Print) Thomas Wortham			4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1953		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH Jan. 10, 1895		9. AGE (In years last birthday) 58
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Handy man		10b. KIND OF BUSINESS OR INDUSTRY Dr. Otto Hanser	11. BIRTHPLACE (City and State or Foreign Country) Memphis, Tennessee		12. CITIZEN OF WHAT COUNTRY? U S A

13a. FATHER'S NAME Thomas Wortham	13b. MOTHER'S MAIDEN NAME Lizzie Moore	14. NAME OF HUSBAND OR WIFE Bessie -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W W I	16. SOCIAL SECURITY NO. 498-10-6410	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Wortham	ADDRESS 2656 Delmar
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Undet.
	ANTECEDENT CAUSES DUE TO (b) Undetermined		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 332X
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22. I hereby certify that I attended the deceased from **1-24**, 19 **53** to **2-5**, 19 **53**, that I last saw the deceased alive on **2-5**, 19 **53**, and that death occurred at **12:25p m.**, from the causes and on the date stated above.

23. SIGNATURE Edw. B. Williams M.D. (Degree or title)	23b. ADDRESS 2601 N Whittier St.	23c. DATE SIGNED 2-6-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2/10/53	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
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DATE REC'D BY LOCAL REG. FEB 9 1953	REGISTRAR'S SIGNATURE Charles J. Gate	25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gate	ADDRESS 4107 Finney Ave
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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  _____

Licensed Embalmer No. 4257

P. O. Address 4107 7th

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.