

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39239**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **548** Registrar's No. **2801**

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>WEBSTER GROVES</b>	
c. LENGTH OF STAY (in this place) <b>73 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>475 S. MAPLE AVE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>475 S. MAPLE AVE</b>		d. STREET ADDRESS (If rural, give location) <b>475 S. MAPLE AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>SARAH</b> b. (Middle) <b>WORTMAN</b> c. (Last) <b>CURRIE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 29 1955</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	
8. DATE OF BIRTH <b>MAY 18, 1882</b>		9. AGE (In years last birthday) <b>73</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>	
10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>WOOSTER OHIO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>JOHN WORTMAN</b>		13b. MOTHER'S MAIDEN NAME <b>ARZELIA PURDY</b>		14. NAME OF HUSBAND OR WIFE <b>ROBERT CURRIE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>T.W.M. Fadden 475 S. Maple Ave. W.S.</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>Myocardial infarction</b> INTERVAL BETWEEN ONSET AND DEATH <b>2</b>  ANTECEDENT CAUSES <b>Coronary Sclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4222</b>	
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?	

22. I hereby certify that I attended the deceased from **July 1955**, to **Nov 29, 1955**, that I last saw the deceased alive on **Nov 29, 1955**, and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Carl G. Erickson</b>		23b. ADDRESS <b>227 E. Lockwood Webster Groves Mo</b>		23c. DATE SIGNED <b>11-30-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-1-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OAK HILL CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KIRKWOOD Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Walter B. Lamb</b>		24f. ADDRESS <b>Webster Groves, Mo</b>	

DATE REC'D BY LOCAL REG. <b>12-1-55</b>		REGISTRAR'S SIGNATURE <b>Hebe B. Lamb</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>Walter B. Lamb</b>	
				ADDRESS <b>Webster Groves, Mo</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 John J. Harris

Licensed Embalmer No. 4108

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.