No. 300
10-48

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7601

State File No.

BIRTH NO. 3903-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 554

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (In this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY:
c. CITY OR TOWN: Granite City
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2814 Edwards avenue

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): JOS.
c. (Last): WORLEY

4. DATE OF DEATH (Month) (Day) (Year): 2-26-56

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 1-3-1956
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: 1 Days: 23 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none — Child
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Virgil Worley
13b. MOTHER'S MAIDEN NAME: Edith Hoover
14. NAME OF HUSBAND OR WIFE: none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Edith Worley, Granite City, Ill.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis generalized — INTERVAL BETWEEN ONSET AND DEATH: 3 da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) following retraction of
DUE TO (c) ileostomy fistula

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 576X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Intussusception ileo-colic old
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Feb, 1956, *to* 26 Feb, 1956, *that I last saw the deceased alive on* 26 Feb, 1956 *and that death occurred at* 6:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): May O. Hawk MD.
23b. ADDRESS: 4660 Maryland
23c. DATE SIGNED: 27 Feb 56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 2-27-56
24c. NAME OF CEMETERY OR CREMATORY: Local
24d. LOCATION (City, town, or county) (State): Madison, Ill.

DATE REC'D BY LOCAL REG.: 2-27-56
REGISTRAR'S SIGNATURE: Herbert R. Dombe MD
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Francis J. Lahey, Madison, Ill.

(Licensed Embalmer) (See Statement on Reverse Side)

MAR 20 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 436

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.