

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1003

STATE FILE NUMBER

30199

7130

Registration District No. 318 Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Hillsdale <i>41610</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Christian Hospital		d. STREET ADDRESS 2129 Erick Avenue.	
3. NAME OF DECEASED (Type or print) JOHN THORNTON WORLEY		4. DATE OF DEATH July 29, 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov 24, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Self Employed	9. AGE (In years last birthday) 67
11. BIRTHPLACE (City and state or country) Gabtown Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George N. Worley		14. MOTHER'S MAIDEN NAME Emma A. Mozley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. 488-18 9016	
17. INFORMANT Mrs. Bessie C. Worley, 2129 Erick Avenue.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocarditis hypotension Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) 4670	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		INTERVAL BETWEEN ONSET AND DEATH 4 days	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from July 25 - 27 to July 29 - 27 and last saw him alive on July 29 - 57 Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) N.A. Schumacher M.D.		22b. ADDRESS 8863 Rudor	
22c. DATE SIGNED July 30 1957		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE Aug 1, 1957		23c. NAME OF CEMETERY OR CREMATORY Lake Charles Cemetery	
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.		24. FUNERAL DIRECTOR ADDRESS Shepard Funeral Home, 1167 Hamilton Ave	
25. DATE RECD. BY LOCAL REG. JUL 31 1957		26. REGISTRAR'S SIGNATURE Paul Smith M.D. mrb	

(Licensed Embolmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coronary, cancer, etc.

St. Louis
 x
 x
 5150 Erick Avenue
 July 27 1988
 Nov 24 1988
 U.S.A.
 Captain Illinois
 James A. Wesley
 George N. Worley
 188-18 2018 Mrs. Bessie C. Worley, 5150 Erick Avenue
 on home

STATEMENT BY LICENSED EMBALMER

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

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

x
 working under my personal supervision..

Student.....
 Signature of Student Embalmer

Signed *Stanley H. Sipe*

Licensed Embalmer No. *41*

P. O. Address *St. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.

Special Services Dept. 1127 Hamilton Ave. St. Louis, Mo. 63101