

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011545
STATE FILE NUMBER
2952
Registrar's No.

FILED APR 10 1959

Registration District No. _____ Primary Registration District No. _____

300
1-57
5
394
0

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, give TOWNSHIP only) OR TOWN Saint Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Saint Louis Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in lb 40 yrs.	d. STREET ADDRESS 3644 Natural Bridge 7 Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last SUSAN MARGARET WORLEY			4. DATE OF DEATH Month Day Year MARCH 21 1959		
5. SEX Female	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 March 7, 1902		9. AGE (In years last birthday) 57 years 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) Retired-Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Odell, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Judge	13b. MOTHER'S MAIDEN NAME Jossie Chalmers	14. NAME OF HUSBAND OR WIFE Henry C. Worley
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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) No	16. SOCIAL SECURITY NO. UN KNOWN	17. INFORMANT Mr. Henry C. Worley, 3644 Nat'l. Bridge Blvd. 7 Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Adeno carcinoma - Primary DUE TO (c) Sixth Underdevelopment		INTERVAL BETWEEN ONSET AND DEATH Unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none		19. WAS AUTOPSY PERFORMED? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) none
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 12:30 P.	

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Dwight, Illinois	COUNTY	STATE
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21. I attended the deceased from **9-19-57** to **3-21-59** and last saw ^{her} alive on **3-21-59**
Death occurred at **12:30 P.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Alvin Boldfart, M. D. c. (Degree or title)	22b. ADDRESS 100 N. Euclid Ave (18)	22c. DATE SIGNED 3/23/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL*RAIL	23b. DATE 3/24/59	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) Dwight, Illinois	(State)
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24. FUNERAL DIRECTOR CALVIN F. FEUTZ, 4828 NAT'L. BRIDGE BLVD.	ADDRESS	25. DATE RECD. BY LOCAL REG. MAR 23 '59	26. REGISTRAR'S SIGNATURE Earl Smith, M. D.
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1-5 P.M. Monday
File in city.

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
Signature of Student Embalmer

Signed *Ralph L. Lindus*

Licensed Embalmer No. *4275*

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

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