

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-027526

318 Primary Registration District No. 1003 Registrar's No. 6647

STATE FILE NUMBER

Registration District No. **FILED JUL 26 1961**

AMENDED

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis, Mo.</b>                         |  | a. STATE <b>Missouri</b> COUNTY   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Veterans Hospital, St. Louis</b> |  | c. CITY OR TOWN <b>St. Louis.</b>   |  |
| Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>                                      |  | d. STREET ADDRESS (If outside, give location)<br><b>6407 Lloyd, Ave.</b>              |  |
| Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>                                     |  |   |  |

|  |                                  |   |   |  |   |
|--|----------------------------------|---|---|--|---|
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>Arthur Worstenholm</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>July 16, 1961</b>          |  |   |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>12/5/1894</b>                                | 9. AGE (last birthday)<br><b>66</b>          | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired Warehouse Worker</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Grocery</b>   | 11. BIRTHPLACE (City and state or country)<br><b>St. Louis, Mo.</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b> |   |
| 13a. FATHER'S NAME<br><b>John Worstenholm</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Harriet Slack</b>   |   | 14. NAME OF HUSBAND OR WIFE<br><b>Nil.</b>   |   |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes W. W. # 1</b> | 17. INFORMANT<br>Address<br><b>George Worstenholm, 6407 Lloyd, Ave.</b> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Fracture of left wrist and cervical cord.</b> |  | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) <b>suffered in fall from ladder to ground below, while working at 6407 Lloyd, on May 26, 1961</b> |                                  |

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| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>901.0-21</b> |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
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|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.)<br><b>See above</b> |
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|   |   |   |  |        |       |
|---|---|---|--|--------|-------|
| 20c. TIME OF INJURY<br>Hour a.m. p.m.<br><b>5-26-61</b> | 20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>near of home</b> | 20f. CITY, TOWN, OR LOCATION<br><b>St Louis Mo</b> | COUNTY | STATE |
|---|---|---|--|--------|-------|

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.  
**11:00 P.M.**

|   |                                   |                                    |
|---|-----------------------------------|------------------------------------|
| 22a. SIGNATURE (Deputy or only)<br><b>Paul J. Simon</b> | 22b. ADDRESS<br><b>1300 Clark</b> | 22c. DATE SIGNED<br><b>7/17/61</b> |
|---|-----------------------------------|------------------------------------|

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|---|-----------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b> | 23b. DATE<br><b>7-20-61</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Valhalla Cemetery</b> | 23d. LOCATION (City, town, or county)<br><b>St. Louis, Mo.</b> |
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| 24. FUNERAL DIRECTOR<br><b>Albert H. Hoppe Inc., 4700 Washington, Blvd</b> | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 17 1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Road Smith. M.D.</b> |
|--|--|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

DATE AMENDED

2

4

ITEM NO.

SHOULD READ

**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 W. W. Wilkinson

Licensed Embalmer No. 3575

P. O. Address 11 Louis

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.