

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19463

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **5907**
St. Ward)

2. FULL NAME

JOSEPH WORMACIE WORMEIK

(a) Residence. No. **1805 Otello** St., **26** Ward.
(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* | 4. COLOR OR RACE *White* | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Frances*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Jan 18-1861*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 4 12

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Ironworker*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer *Charter Oak Str Co*

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

10. NAME OF FATHER

Joseph Wormack

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) *Germany*

12. MAIDEN NAME OF MOTHER

Don't know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) *Don't know*

14.

INFORMANT *W. Rapplean*
(Address) *1917 1/2 B. of Adm. St.*

15.

FILED *JUN -1 1928*
REGISTRAR *New E. Starbuck*

3

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *May 30 1928*

17. I HEREBY CERTIFY, That I attended deceased from *May 1 1928*, to *5/30 1928*
that I last saw h. *alive* on *5/26 1928*, and that death occurred, on the date stated above, at *4.5 m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocardial Insufficiency
Chronic Bronchitis
non Tubercular

CONTRIBUTORY *Arteriosclerosis*
(SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED *POA*

IF NOT AT PLACE OF DEATH, DATE OF

DID AN OPERATION PRECEDE DEATH DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *E. C. Kress* M. D.

791, 19 28 (Address) *1807 518*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

S. S. Peter & Paul June 2 1928

20. UNDERTAKER ADDRESS

Central Ind Co 1841 Cass

WRITE PLAINLY, WITH UNFADING INK--THIS IS AN PERMANENT RECORD

* N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100 acres
1807 Sold