

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

Do not use this space.

**30850**

**1. PLACE OF DEATH**

County St. Louis Registration District No. 790  
 Township Central Primary Registration District No. 6033a  
 City Clayton (No. St. Louis Co. Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Joseph W. Wortman  
 (a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. 1536 Lewis  
 (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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary E. Wortman</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 19 1856</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>
	DAYS <u>4</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>carpenter</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1933</u>	
11. Total time (years) spent in this occupation <u>4 1/2</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
FATHER	13. NAME <u>Joshua Wortman</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Penn.</u>	
MOTHER	15. MAIDEN NAME <u>Alvira McCloud</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>Gay Wortman 1536 Lewis Ave Wellston</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Cem. alt 11th</u> DATE <u>Sept 26 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Dannan Bros and Co 7504 H. Woodson Rd. Overland MO</u>		
20. FILED <u>9/25/33</u> 1933 <u>Paul J. Calkins</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept 12 1933, to Sept 23 1933  
 I last saw him alive on Sept 23 1933 Death is said to have occurred on the date stated above, at 1:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
myocarditis chronic  
cardiac decompensation 9-19-33

Other contributory causes of importance:  
Cardiac decompensation

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Darwin Westphal, M. D.  
 (Address) St. Louis Co. Hospital

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.

OCT 20 1933

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