

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

100M-3-22-33

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 5 1936

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

Do not use this space.

35971

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1008**
City **ST. LOUIS** (No. **City Keep #2**)

File No.
Registered No. **9594**
St. Ward)

2. FULL NAME

John W. Worthy

(a) Residence, No. **3449(C) LAWTON** St. **21** Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Wid.**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **ABT 1887**

7. AGE YEARS **49** MONTHS DAYS If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Watchman**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Miss.**

MOTHER 13. NAME **UNKNOWN**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

15. MAIDEN NAME **UNKNOWN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **UNKNOWN**

17. INFORMANT **HENRY WILSON** (ADDRESS) **4152 PAPIN ST**

18. BURIAL, CREMATION, OR REMOVAL PLACE **E. ST. LOUIS, ILL** DATE **9/21**, 19**36**

19. UNDERTAKER **B. M. C. GREEN** (ADDRESS) **2350 S. GLEBE AVE**

20. FILED **SEP 21 1936** 19. **J. F. Bredeck** Registrar.

No. 1017 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9/13/36**, 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **9:35 A.M.**

The principal cause of death and related causes of importance were as follows:

Aortic Aneurysm
Aortic Regurgitation
Cardiac Hypertrophy
Other contributory causes of importance: **JA**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? **Yes**

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 **C**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) **Harold A. Phillips**, M. D.
(Address) **St. Louis, Mo.**

001-500

1941

1941

1941