

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

Do not use this space.

**1. PLACE OF DEATH** *JUN 12 1937*  
 County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis, Mo.** (No. *City Infirmary*) St. .... Ward)  
**2. FULL NAME** **Fremont Wormer**  
 (a) Residence, No. **City Infirmary Hospital Ward 13**  
 (Usual place of abode) **5800 Arsenal St** (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.

18750

File No. ....  
 Registered No. **5326**  
 St. .... Ward)

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX** Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) Widower  
**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** Dora ?  
**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** June 27, 1865

**7. AGE** YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
 1865 71 10 4 30

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

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Pemberton, Ohio.

**FATHER**  
**13. NAME** John Wormer,  
**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**MOTHER**  
**15. MAIDEN NAME** Sally Kneff,  
**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** Unknown

**17. INFORMANT (ADDRESS)** E. Molony, 5800 Arsenal St.

**18. BURIAL, CREMATION, OR REMOVAL PLACE DATE** Washington 5-4 1937

**19. UNDERTAKER (ADDRESS)** W. Buchter, 3500 Bridge St.

**20. FILED** *MAY 28 1937*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** April 27, 1937

**22. I HEREBY CERTIFY, That I attended deceased from February 25, 1937 to April 27, 1937**  
 I last saw him alive on April 27, 1937. Death is said to have occurred on the date stated above, at 5:20 m. P.M.  
 The principal cause of death and related causes of importance were as follows:

CHRONIC MYOCARDITIS  
 CONGESTIVE HEART FAILURE

Other contributory causes of importance:  
 CEREBRAL ACCIDENT, LEFT, OLD

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?** .....

If so, specify (Signed) *W. H. Gray* M. D.  
 (Address) 5600 Arsenal

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.

888  
 2  
 1937

