

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.

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis** (No. **Deaconess Hospital**) St. Ward)

25318

File No.
 Registered No. **6492**

2. FULL NAME **Godfrey Worley**

(a) Residence, No. **3112 N. Market St.** St. **11** 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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 **Mary Worley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 18, 1853**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	84	3	16	

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

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

FATHER 13. NAME **Dont Know**

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

MOTHER 15. MAIDEN NAME **Dont Know**

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

17. INFORMANT (ADDRESS) **Mrs. Mary Worley
 3112 N. Market St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **July 6, 1937**

19. UNDERTAKER (ADDRESS) **Gullinane Bros.
 1710 N. Grand Blvd**

20. FILED **JUL 6 1937** **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 4, 1937**, 19

22. I HEREBY CERTIFY that I attended deceased from **April 28** to **July 4**, 19**37**.
 I last saw him alive on **July 4**, 19**37**. Death is said to have occurred on the date stated above, at **5.15pm.**

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

*Chronic nephritis
 Hypostatic pneumonia
 Pulmonary edema*

*Primary carcinoma of prostate
 Atherosclerosis*

Other contributory causes of importance: **51C**

Date of onset
1925?
7/1/37
7/1/37

Name of operation **none** Date of **7/3**
 What test confirmed diagnosis? **none** Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? **no** 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 of injury directly related to occupation of deceased? **no**
 If so, specify.....
 (Signed) **E. Johnson** M. D.
 (Address) **2435 N. Grand Ave.**

