

AUG 30 1937

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

Do not use this space.

28287

1. PLACE OF DEATH

County St. Louis, Co.
Township Bonhomme
City Fenton

Registration District No. 785
Primary Registration District No. 6031
(No. Meramec River Fenton Mo.)

File No.
Registered No. 90 St. Ward)

2. FULL NAME Arthur P. Worthington

(a) Residence, No. 6758 Garner Ave. St. St. Louis, Mo. Ward. St. Louis, Mo.
(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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 26 1916

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
21 0 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Manager
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Velvet Freeze Ice Cream Co.
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) St. Louis, Mo.

MOTHER 13. NAME Edward S. Worthington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

15. MAIDEN NAME Edith Tremayne

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT Edward S. Worthington
(ADDRESS) 6758 Garner Ave St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE 7/5/37

19. UNDERTAKER Edith C. Ambruster
(ADDRESS) 4234 Manchester Ave.

20. FILED 7-2- 1937 Budget & Kelly Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1 1937

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 11:30 p.m.

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

accidental drowning while in swimming in Meramec River Date of onset 7/1/37

Other contributory causes of importance:

Name of operation None Date of.....
What test confirmed diagnosis? Physician Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7/1 1937

Where did injury occur? Fenton, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place
Manner of injury Drowning while swimming
Nature of injury Drowning

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify.....
(Signed) John D. Cornell, M.D.

(Address) Carver, St. Louis

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.

