

MO JUL 12 1938

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

20559
Do not use this space.

791
1003

5698

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No.....
(c) City St. Louis (d) Street No. Homer Phillips Hospital St.
Life (If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Baby Worley 640
(a) Residence, No. 1439 Rear N 9th St. 25 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as 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) Saint Louis 0
(STATE OR COUNTRY) Missouri 9

FATHER 13. NAME Charles Worley 9

14. BIRTHPLACE (CITY OR TOWN) unknown 9
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Juanita ?

16. BIRTHPLACE (CITY OR TOWN) unknown
(STATE OR COUNTRY)

17. INFORMANT Evelyn Hilliard
(ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington DATE 6-24-38

19. FUNERAL DIRECTOR (NAME) Oppeinda Thomas
(ADDRESS) 2734 Guadalupe Ave.

20. FILED JUN 24 1938 J.F. Redler
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 22 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1938, to June 22, 1938

I last saw him alive on June 22, 1938. Death is said to have occurred on the date stated above, at 7:30p.m.

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

Premature infant

Date of onset
6/20/38

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? clinical 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 William B Smith M. D.

(Signed) William B Smith M. D.
(Address) 2601 N Whittier

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

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.

1 X14028

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

C. Not Embalmed, or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.