

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.

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

23451  
Do not use this space.

REC'D AUG 12 1938

791  
1003

Registered No. 6145

1. PLACE OF DEATH  
 (a) County ..... Registration District No. ....  
 (b) Township ..... Primary Registration District No. ....  
 (c) City **St. Louis** (d) Street No. **Lutheran Hospital** St.  
 (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 **Charles P. Worley**  
 (a) Residence, No. **4450 Delor Street** St. **15**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Sarah Jane Worley**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 11, 1858**

7. AGE YEARS **79** MONTHS **10** DAYS **27** If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired**  
 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) (STATE OR COUNTRY) **Walnut Hill Illinois**

FATHER 13. NAME **Joseph Worley**  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **North Carolina**

MOTHER 15. MAIDEN NAME **Eliza Sinclair**  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

17. INFORMANT **Orville Worley - Son**  
 (ADDRESS) **Lemay, Missouri**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Vernon, Ill.** DATE **July 11, 1938**

19. FUNERAL DIRECTOR **C. Hoffmeister U. & L. Co.**  
 (ADDRESS) **7814 S. B'way, St. Louis, Mo.**

20. FILED **JUL 9 1938** **J. D. Bredner** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 8, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 27**, 19**31**, to **July 5**, 19**38**  
 I first saw him alive on **July 8**, 19**38** Death is said to have occurred on the date stated above, at **3:45** p.m.  
 The principal cause of death and related causes of importance were as follows:  
**Chronic arterio-sclerosis** 1931  
**Chronic Endocarditis** 1931  
**Chronic Degeneration myocarditis** 1932  
 Other contributory causes of importance:  
 Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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 **Adam & Youngman** M. D.  
 (Signed) **5439** **Eravoc**  
 (Address)

Dr. Adam G. Youngman  
5439 Gravois

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me  
L. E. #2426  
No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed George W. Hoffmeister  
Licensed Embalmer No. 2426

**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.)**