

REC'D FEB 10 1939

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

267

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City 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.

Registered No. **267**2. PRINT FULL NAME **Clifton Wortham**

(a) Residence, No. **1532a Olive** St. **25**
(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 **Married**
(Divorced write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Emelia Wortham**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 14, 1885**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 6 23

8. Trade, profession, or particular kind of work done, as a sawyer, bookkeeper, etc. **Chef**

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) **Tennessee**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Emelia Wortham**
(ADDRESS) **1532a Olive**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Jan. 9, 1939**

19. FUNERAL DIRECTOR (NAME) **Wacker-Helderle**
(ADDRESS) **2331 So. Broadway**

20. FILED **JAN 9 1939** **J. F. Buehler** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 7, 1939**

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 **4:20 a.m.**

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

Date of onset

L. P. ...
Latent Neurinoma

Other contributory causes of importance:

Parasitic Hypertrophy

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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? **No**

If so, specify.....

(Signed) **Alfred Perry** M.D.(Address) **Alfred Perry**

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,

Robert A. Wheeler

or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Robert A. Wheeler

Licensed Embalmer No.

2128

P. O. Address

At Home

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.