

FILED JUL 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **19804**
Registrar's No. **4616**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County _____
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3000 Caroline St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME **Judah L. Wormington**
(b) If veteran, name war **no**
(c) Social Security No. **no**

4. Sex **Female** / 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Joseph Wormington**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 3, 1846**
(Month) (Day) (Year)

8. AGE: Years **94** Months **9** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Nashville Tennessee**
(City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business **Confectionery Store**

MOTHER FATHER { 12. Name **John Wesley**
13. Birthplace **Don't know** (City, town, or county) (State or foreign country)
14. Maiden name **Elizabeth Peake**
15. Birthplace **Don't know** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Sue Peck**
(b) Address **3000 Caroline St.**

17. (a) **Burial** (b) Date thereof **June 2, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oak Grove Cemetery**

18. (a) Signature of funeral director **Weick Bros. and Co.**
(b) Address **2201 S. Grand Bl.**

19. (a) **JUN 2 - 1941** (b) **J. F. Bredebeck**
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **0110**
(c) City or town **St. Louis** **1718**
(If outside city or town limits, write "RURAL")
(d) Street No. **3000 Caroline St.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **June** day **1**
year **1941** hour **5** minute **30** P. M.

21. I hereby certify that I attended the deceased from **5-19-41**
_____ 19____ to **6-1-** 19____
that I last saw h. **er** alive on **6-1-** 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myo Carditis** Duration _____
Due to _____
Due to _____

Other conditions **Arterio-sclerosis**
(Include pregnancy within 5 months of death)

Major findings:
Of operations **(Handwritten notes)**
Of autopsy **(Handwritten notes)**

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature **Roman [Handwritten] M.D.** (M. D. or other) **no**
Address **4520 V. P. 9121** Date signed **6-2-41**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

*By Stream
4500 - Wanganui*

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, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Walter Stewart*

Licensed Embalmer No. **3722**

P. O. Address **412 Duchouquette**

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, fact should be so stated above.