

Registration District No. 791

Primary Registration District No. 1003

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution 1410 Brooklyn
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(d) Street No. Brooklyn 1410
(e) No Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1941 hour 2.25 minute 4 M.
21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Calvin Worley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: 10 (Month) 13 (Day) 41 (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day 6 hr. 1 min.

9. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____
12. Name Calvin Worley
13. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)
14. Maiden name Lilly Wheeler
15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Charley Worley
(b) Address 1410 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10.15.41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director _____
(b) Address 2734 S. Grand
19. (a) OCT 15 1941 (Date received local health official) (b) Thomas Davis (Signature of embalmer)

Immediate cause of death Atelectasis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations Pending
Of autopsy _____

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) _____ (e) Means of injury _____
While at work? _____
23. Signature Thomas F. Halloran (M.D. or other) _____
Address Deputy Coroner Date signed 10/15/41

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

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.....

working under my personal supervision.

Registered Apprentice No. 1111

Signed [Signature]

Licensed Embalmer No. 1111

P. O. Address 1111

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.

not embalmed