. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 9 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3059

1. PLACE OF DEATH: ~~Bonds Children Hosp~~
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes ~~Bonds~~ Hospital-Children
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Mo (b) County 17
(c) City or town St Louis 921
(If outside city or town limits, write "RURAL")
(d) Street No. 2011 Division
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Dolores Janet Worley
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race 3 Negro
6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2 (Month) 19 (Day) 1933 (Year)

8. AGE: 10 Years ~~10~~ Months ~~11~~ Days ~~7/10~~ If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Not any
11. Industry or business
FATHER
12. Name Charles Henry Worley
13. Birthplace Carbondale (City, town, or county) Ill (State or foreign country) 1
MOTHER
14. Maiden name Lena Delone Janet Worley
15. Birthplace Carbondale (City, town, or county) Ill (State or foreign country) 1
16. (a) Informant Charles Henry Worley
(b) Address 2011 Division
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-31-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director Thomas E. Davis
(b) Address 2734 Sheridan Ave
19. (a) MAR 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26
year 43 hour 2 30 minute A. M.
21. I hereby certify that I attended the deceased from 3-13-43
, 19 , to 3-26-43 , 19 ;
that I last saw her alive on 3-26-43 , 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute leukemia	2 mos.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 S. L. Barnett (M. D. or other)
Address Barnes Hosp Date signed 3/28/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3522

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, fact should be so stated above.