

LED AUG 23 1943 18
Registration District No.

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County ST. Louis
(b) City or town ST. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether years, months or days)
In this community 10 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ST. Louis
(c) City or town ST. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5478 Wren
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ORBREY THURMAN WORSHAM

3. (b) If veteran, name war No 3. (c) Social Security No. 498-03-1633

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ida Worsham 6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 24, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 23 hr. min.

9. Birthplace Shiloh Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business Carpentry

MOTHER FATHER { 12. Name Unk. Worsham
13. Birthplace Unk. Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Unk. Frizzelle
15. Birthplace Unk. Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ida Worsham

(b) Address 5478 Wren Ave.

17. (a) Burial (b) Date thereof 8/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zions Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20 St.

19. (a) Aug 13 1943 (b) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 17
year 1943 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-9
9 1943, to 8-17 1943
that I last saw him alive on 8-17 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-vascular disease & Uremia
Cardiac decompensation & bronchial pneumonia

Duration 3 menses

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death)
9/20/43

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?

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

23. Signature M.C. Abney (M. D. or other)
Address BARNES HOSPITAL Date signed 8/18/43

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Alfred J. Poedeker

Licensed Embalmer No. *2163*

P. O. Address. *5934 Alpha*

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.