

FILED DEC 27 1944 18

Registration District No.

Primary Registration District No.

1003

Registrar's No.

10551

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

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:  
4028a Natural Bridge Ave.  
(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 Mary Worley

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
Godfrey Worley Dec. 17 1855  
(Month) (Day) (Year)

8. AGE: Years 88 Months 11 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John White  
 13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Clay Worley  
 (b) Address Fairgrounds Hotel  
 17. (a) Burial (b) Date thereof 12-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.  
 (b) Address 1710 N. Grand Blvd.

19. (a) DEC 11 1944 (b) J. J. Bredeck  
(Date received local registrar) (Registrar's signature)

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. 4028a Natural Bridge Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9  
 year 1944 hour 7 minute 0 P. M.

21. I hereby certify that I attended the deceased from Oct 3, 1944 to Dec 9, 1944  
 that I last saw her alive on Dec 9, 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis with  
stability  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 9/3/44  
(Include pregnancy within 3 months of death)

Major findings: none  
 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) none  
 (b) Date of occurrence none  
 (c) Where did injury occur? none  
(City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? none (Specify type of place) (e) Means of injury none

23. Signature J. Scopelito (M. D. or other) MD  
 Address 4222 N. Grand Date signed 12/10/44

Scopelito

**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 *Fred Truck*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

**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.**