U. S. No. 2
00M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31498
Registrar's No. 7828

Registration District No. 317 — Primary Registration District No. 6676

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 8-10-46 (Specify whether years, months or days)
In this community 49 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Adams
(c) City or town Golden (If outside city or town limits, write "RURAL")
(d) Street No. General Delivery (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WORMAN, Samuel R.
3. (b) If veteran, name war World I
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Worman
6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased Sept. 14, 1896 (Month) (Day) (Year)
8. AGE: Years 49 Months 11 Days 18 If less than one day hr. min.
9. Birthplace Golden, Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Dairy Farming
11. Industry or business
FATHER 12. Name Rollin Worman
FATHER 13. Birthplace Fowler, Illinois (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Nancy Satthoff,
MOTHER 15. Birthplace Menden, Illinois (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.,
(b) Address Jefferson Barracks, Missouri
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-2-46 (Month) (Day) (Year)
(c) Place: burial or cremation Golden, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 9-5-46 (Date received local registrar) (b) Ruth Allen M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 1, year 1946 hour 7:00 minute P. M.
21. I hereby certify that I attended the deceased from 8-10-46, 19..., to 9-1-46, 19...; that I last saw him alive on September 1, 1946; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: ARTERIOSCLEROTIC HEART DISEASE | UNK. |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death): HYPERTENSION, SEVERE | UNK. |

Major findings: Of operations: No Operation
Of autopsy: No 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) No
(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? Means of injury
23. Signature L. E. STILWELL, M.D., (M.D. or other)
Address Vet. Adm. Hosp., Jeff. Bks., Mo. Date signed 9-3-46

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1945

## 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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.**