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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED DEC 17 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 43130  
Registrar's No. 10463

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1806 Nebraska Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... (Specify whether  
In this community 25 years (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1806 Nebraska Avenue  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME AMANDA JANE WORTHAM

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased December 18, 1869  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 11 16 hr. min.

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

10. Usual occupation at home

11. Industry or business.....

12. Name Allan M. Goforth  
13. Birthplace Washington Co. Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Permelia Henderson  
15. Birthplace Washington Co. Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Lena Kaiser  
(b) Address 1806 Nebraska Avenue

17. (a) burial (b) Date thereof 12-7-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Belgrade, Missouri

18. (a) Signature of funeral director A. W. McLaughlin  
(b) Address 2301 Lafayette Av. St. Louis, Mo.

19. (a) DEC 6 1946 (b) J. H. Fredrick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6 year 1946 hour 6 minute 00 P.M.  
21. I hereby certify that I attended the deceased from 11-11 to 12-4 1946  
that I last saw her alive on 12-4 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration  
Due to 9/2  
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? Means of injury  
23. Signature Philip Schuck (M. D. or other)  
Address 170 3/2 Grand Date signed 12-6-46

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

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**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 *L. P. Cooper*

Licensed Embalmer No. *36533*

P. O. Address *2317 Lafayette*

**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.**