

No. 2  
-1747  
-1739

7218

State File No.

1491

Registrar's No.

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED FEB 28 1948

Registration District No.

318

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

1003

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

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.....  
2735 Blandale 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 47  
(c) City or town..... Des Arc (If outside city or town limits, write "RURAL") 0  
(d) Street No..... N.R. (If rural, give location) 1  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME..... Sibba Louells Worley  
(b) If veteran, name war..... No  
(c) Social Security No. .... None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month..... Feb. day..... 11  
year..... 1948 hour..... 10 minute..... 10 A.M.

4. Sex..... Female 5. Color or race..... White  
6. (a) Single, widowed, married, divorced, or widowed..... Married  
6. (b) Name of husband or wife..... J.W. Worley  
6. (c) Age of husband or wife if alive..... 81 years  
7. Birth date of deceased..... October 23 1869  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 12-28, 1947 to..... 2-11, 1948  
that I last saw h... alive on..... 2-10, 1948  
and that death occurred on the date and hour stated above.  
Duration

8. AGE: Years Months Days If less than one day  
78 3 18 hr. min.

Immediate cause of death..... Myocarditis  
Due to..... Myocarditis  
Due to.....

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

Other conditions..... Cardio-vascular renal disease + indimities of aged  
(Include pregnancy within 3 months of death)

10. Usual occupation..... Housewife

PHYSICIAN  
Underline the cause of which death should be charged statistically.  
Major findings:  
Of operations.....  
Of autopsy.....

11. Industry or business.....  
12. Name..... Unknown  
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..... Sebastian Erle Penn  
(b) Address..... 1627 Yale Ave.

17. (a) Burial (b) Date thereof..... 2-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation..... Piedmont, Mo.

18. (a) Signature of funeral director..... Albert H. Hoppe  
(b) Address..... 4700 Washington Blvd.

19. (a) FEB 28 1948 (b) J.F. Bruech  
(Date received from Registrar) (Registrar's signature)

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..... Amie C. Brown (M. D. or other) 24.  
Address..... 5203 Chippewa Date signed..... 2-12-48

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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.....

*J. W. Wilkinson*

Licensed Embalmer No.....

3575

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.