S. No. 300
v. 10.48

FILED JUL 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25435

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6126

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) STLOUIS
c. LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DEACONESS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY STLOUIS

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 24 OVERLAND 14 Mo 4241

d. STREET ADDRESS (If rural, give location) 2344 WENGLER 1

3. NAME OF DECEASED (Type or Print) a. (First) LUCILLE b. (Middle) MYRTLE c. (Last) WORLEY

4. DATE OF DEATH (Month) JULY (Day) 13 (Year) 1950

5. SEX FEMALE 1

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 1

8. DATE OF BIRTH SEPT 1 1890

9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) PEORIA ILL 1

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John W. McAVOY

13b. MOTHER'S MAIDEN NAME MARGARET KILLOREN

14. NAME OF HUSBAND OR WIFE CHARLES. W. WORLEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT'S SIGNATURE OR NAME CHARLES W WORLEY ADDRESS 2344 WENGLER

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Arthropathism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cirrhosis of Liver
Perforated Bowel

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 422.2

22. *I hereby certify that I attended the deceased from* Mch 20, 1949, *to* July 13, 1950 *that I last saw the deceased alive on* 7/13, 1950 *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M D

23b. ADDRESS 3833 Washington

23c. DATE SIGNED 7/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial II

24b. DATE 7-17-50

24c. NAME OF CEMETERY OR CREMATORY LAUREL HILL GARDENS

24d. LOCATION (City, town, or county) WELLSTON (State) MISSOURI

DATE REC'D BY LOCAL REG. JUL 17 1950

REGISTRAR'S SIGNATURE J. B. Lassiter

25. FUNERAL DIRECTOR'S SIGNATURE BAUMANN BROTHERS ADDRESS OVERLAND MO.

(Licensed Embalmer's Statement on Reverse Side)

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

A

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Oscar F. Mueller

Signed.....
Student Embalmer

Licensed Embalmer No. 3039

P. O. Address Overland 14 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.