

FILED MAR 2 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6835

318

1003

State File No. ....

1480

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (If outside place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>pronounced dead at Homer Phillips Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3100 a Rutger St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>H</u>		c. (Last) <u>Worders</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 10. 51</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Col</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>		8. DATE OF BIRTH <u>Sept. 22 1882</u>	
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 100 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Logan Co. Ky</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>James Worders</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ferguson</u>		14. NAME OF HUSBAND OR WIFE <u>Dead</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY No. <u>499 03 5993</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Andrue Worders, 1716 Stockard</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		1. MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>1. Internal hemorrhage. 2. Compound fracture both legs, 3. Fracture of ribs, suffered when struck by car operated DUE TO (b) by one Frank Runge, Jr., in front of about 2828 Chouteau, about 10:20 P.M., DUE TO (c) Feb. 10, 1951. ACCIDENT.</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
2. ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Academy</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, public bldg., etc.) <u>Club</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>000</u> (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2-16-51 10:20 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>ER 124</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:20 P.M.</u> , from the causes and on the date stated above. <u>25</u>							
23a. SIGNATURE <u>J. B. Pascoe</u> (Type or Print)				23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>2/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Feb 15-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Dale</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis county</u>	
DATE REC'D BY LOCAL REG. <u>FEB 14 1951</u>		REGISTRAR'S SIGNATURE <u>J. B. Pascoe</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Watson</u>		ADDRESS <u>2769 Chouteau</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*J. J. Watson*

Licensed Embalmer No. *2698*

P. O. Address *2769 Route 1*

Signed .....  
Student Embalmer

**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.