

No. 300  
10.48

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 2859

1. PLACE OF DEATH  
a. COUNTY, St. Louis 4002  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Mo. b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION Died on Job Klines New Bldg.  
d. STREET ADDRESS (If rural, give location) 1510A No. Vandeventer Ave.

3. NAME OF DECEASED (Type or Print)  
a. (First) Edward b. (Middle) E. c. (Last) Worsley  
4. DATE OF DEATH (Month) (Day) (Year) July 28, 1951

5. SEX M. O. 6. COLOR OR RACE W.  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  
8. DATE OF BIRTH Sept. 3, 1885  
9. AGE (In years last birthday) 65 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) Watchman  
10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_  
11. BIRTHPLACE (State or foreign country) St. Louis, Mo. O  
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Enoch Worsley  
13b. MOTHER'S MAIDEN NAME Mary McCormack  
14. NAME OF HUSBAND OR WIFE Cora Worsley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
16. SOCIAL SECURITY NO. 494-10-4569  
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Worsley 1510a No. Vandeventer

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) cause unknown  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS.  
Conditions contributing to the death but not related to the disease or condition causing death. 7955

19a. DATE OF OPERATION \_\_\_\_\_  
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) \_\_\_\_\_  
21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK   
21f. HOW DID INJURY OCCUR? \_\_\_\_\_

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 \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE Herbert R. Cloutier (Signature or title)  
23b. ADDRESS \_\_\_\_\_  
23c. DATE SIGNED \_\_\_\_\_

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  
24b. DATE 8-1-51  
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery  
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. 7/31/51  
REGISTRAR'S SIGNATURE Herbert R. Cloutier  
FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly  
ADDRESS 3840 Lyndell

(Licensed Embalmers' Statement on Reverse Side)

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

**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*W. Vanmatre*

Licensed Embalmer No. *2825*

P. O. Address *4340 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.