

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39947

State File No. 10823  
Registrar's No. 10823

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	c. LENGTH OF STAY (In this place) <b>1 1/2 weeks</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	d. STREET ADDRESS (If rural, give location) <b>6009 Emma Ave.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Christian Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Maud</b>	b. (Middle) <b>E.</b>	c. (Last) <b>Worden</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>December 5, 1951.</b>
-------------------------------------	------------------------	-----------------------	-------------------------	--

5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Sept. 14, 1906</b>	9. AGE (In years last birthday) <b>45</b>	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Days	IF UNDER 15 HRS. Hours	IF UNDER 1 HRS. Min.
----------------------	-------------------------------	---	--	---	------------------------	----------------------	------------------------	----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Missouri.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
--	-----------------------------------	---	--

13a. FATHER'S NAME <b>Richard Broaders</b>	13b. MOTHER'S MAIDEN NAME <b>Rose Auer</b>	14. NAME OF HUSBAND OR WIFE <b>James J. Worden</b>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr. James J. Worden</b>	ADDRESS <b>6009 Emma Ave.</b>
--	-------------------------------------	--	-------------------------------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>- ?</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Adenocarcinoma of Stomach with metastases</b>	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.		

19a. DATE OF OPERATION <b>10/26/51</b>	19b. MAJOR FINDINGS OF OPERATION <b>Tumor mass, stomach; enlarged glands.</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
--	---	--

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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>151X</b>

22. I hereby certify that I attended the deceased from **Sept 17, 1951**, to **Nov. 5, 1951**, that I last saw the deceased alive on **Nov 5, 1951**, and that death occurred at **10:15pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>John G. McJannet M.D.</b>	23b. ADDRESS <b>5014 Sheila Ave. St. Louis</b>	23c. DATE SIGNED <b>12/6/51</b>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-10-51.</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri.</b>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <b>DEC 6 1951</b>	REGISTRAR'S SIGNATURE <b>J. Earl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Math Hermann &amp; Son, Inc.</b>	ADDRESS <b>2161 E. Fair Ave.</b>
--	---	--	----------------------------------

WRITE PLAINLY—USING UNFADING 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 *Welford G. Bunsley*  
.....  
Licensed Embalmer No. *4202*  
.....  
P. O. Address *St. Louis, 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.