

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43941**
Registrar's No. **11203**

FILED DEC 30 1952

BIRTH NO. _____

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1003

REGISTRAR'S NO. _____

| | | | | | | | |
|---|----------------------------------|--|---|--|--|--|---------------------------------|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS | | c. LENGTH OF STAY (If this place) throughout | | c. CITY (If outside corporate limits, write RURAL and give township) University City | | 4010 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MISSOURI-PACIFIC HOSP | | | | d. STREET ADDRESS (If none give location) 1041 Fry Lane | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) JAMES | | b. (Middle) - | | c. (Last) WORDEN | | 4. DATE OF DEATH (Month) (Day) (Year) 12. 4. 1952 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Oct. 26. 1868 | | 9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days Hours | IF UNDER 14 HRS. Hours Mins. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk | | 10b. KIND OF BUSINESS OR INDUSTRY Railroad | | 11. BIRTHPLACE (City and State or Foreign Country) England | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Thomas Worden | | 13b. MOTHER'S MAIDEN NAME Sarah Ann Benford, | | 14. NAME OF HUSBAND OR WIFE wife - Elizabeth | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elizabeth Worden, 1041 Fry Lane | | | |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarct ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive CVD and DUE TO (c) generalized arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic cholecystitis | | | | INTERVAL BETWEEN ONSET AND DEATH. 3 hr. 12 years many years many years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 443X | | | |
| 22. I hereby certify that I attended the deceased from Dec. 4 , 19 52 , to Dec. 4 , 19 52 that I last saw the deceased alive on Dec. 4 , 19 52 , and that death occurred at 6:45 p. m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Clement Sullivan | | | | 23b. ADDRESS 1755 South Grand Ave. | | 23c. DATE SIGNED 12-5-1952 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12-9-1952 | 24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. DEC 5 1952 | | REGISTRAR'S SIGNATURE J. Carl Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son Inc. 2161 E. Fair Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Robert M. Gray*

Licensed Embalmer No. *3732*

P. O. Address *Shawnee*

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.