No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 16 1956

State File No. 36434

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8864

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 2017 460a Dover Pl

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): A.
c. (Last): Wormington

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: Feb. 29, 1888
9. AGE (In years last birthday): 68
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): house work
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Bernard O'Neill
13b. MOTHER'S MAIDEN NAME: Mary Nolan
14. NAME OF HUSBAND OR WIFE: deceased

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Melba Wormington, 460a Dover Pl
ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as cardiac arrest, asthenia, etc., but means the disease, injury or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Hemothorax Caused by Three fractured left ribs — INTERVAL BETWEEN ONSET AND DEATH: 17 days
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.

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19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Left Chest full of blood Caused by 4-5-6 rib Fractured rib
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.): Her home
21c. (CITY, TOWN, OR TOWNSHIP) St Louis City (COUNTY) (STATE) Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Sept 7 56 10 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell striking bed post while carrying her daughter

22. *I hereby certify that I attended the deceased from* Sept 7, 1956, *to* Sept 24, 1956 *that I last saw the deceased alive on* Sept 24, 1956, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Martin J. Flaherty
23b. ADDRESS: 506 Olive St
23c. DATE SIGNED: 9-25-56

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: Sept. 27, 1956
24c. NAME OF CEMETERY OR CREMATORY: Park Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Lemay 23, Mo.

DATE REC'D BY LOCAL REG.: SEP 26 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Fendler Und. Co. 7420 Michigan Ave.
(Licensed Embalmer's Statement on Reverse Side)

Dr.-Glass -11-3
506 Olive
Rm 420

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed W. G. Peterson

Licensed Embalmer No. 37

P. O. Address 1420 Mic

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.