MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-005042
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 201

FILED JAN 29 1962

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Length of stay in 1b: 2 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Ferguson — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 1171 Smith Rd. — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: William Middle: W. Last: Worstell
4. DATE OF DEATH Month: Jan Day: 14 Year: 1962
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Widowed ☑ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: 5-20-70
9. AGE (last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bld'g. Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and state or country): Sumner, Ill.
12. CITIZEN OF WHAT COUNTRY: U. S.
13a. FATHER'S NAME: William P. Worstell
13b. MOTHER'S MAIDEN NAME: Mary Jane Neal
14. NAME OF HUSBAND OR WIFE: Alfa Tina Worstell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John J. Worstell, Address: Ferguson, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchopneumonia, bilateral
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized arteriosclerosis
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from Jan. 12, 1962 to Jan 14, 1962 and last saw him alive on Jan 14, 1962
Death occurred 2:55 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Albert L. Weber (Degree or title) MD
22b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.
22c. DATE SIGNED 1/14/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-16-62
23c. NAME OF CEMETERY OR CREMATORY: St. John Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis County, Mo.
24. FUNERAL DIRECTOR ADDRESS: White-Mullen Mortuary, Ferguson, Mo.
25. DATE RECD. BY LOCAL REG.: 1-15-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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_____ Signed Reinhold F. Lahrmann

Signature of Student Embalmer

Licensed Embalmer No. 3395

P. O. Address St Louis 35 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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