

DEC 22 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 8931

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
DePaul Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 16 Months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 5566 St. Louis Ave
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Fred B. Worden

3. (b) If veteran, name war World 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lorraine Worden nee Gibson 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased September 4, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>2</u>	<u>5</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mail carrier

11. Industry or business

FATHER { 12. Name James Worden
 13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
 MOTHER { 14. Maiden name Elizabeth Wilson
 15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Loraine Worden
 (b) Address 5566 St. Louis Ave

17. (a) Burial (b) Date thereof 11/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son
 (b) Address 2161 East Fair Ave

19. (a) 11/11 (b) J. F. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
 year 1941 hour 8:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration

Due to Coronary Occlusion
Chronic Myocarditis

Due to _____
 Other conditions 93d
(Include pregnancy within 3 months of death)

Major findings: Of operations 93c
 Of autopsy Autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Thomas F. Callahan (M.D. or other) _____
 Address Deputy Coroner Date signed 11/13/41