

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7601

State File No. ....

FILED MAR 12 1956  
BIRTH NO. 3903-56 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 554

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u> township)		c. LENGTH OF STAY (in this place) <u>16 days</u>		c. CITY OR TOWN <u>Granite City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>2814 Edwards avenue</u> <u>8178</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u>		b. (Middle) <u>JOS.</u>		c. (Last) <u>WORLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-56</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>1-3-1956</u>		9. AGE (in years last birthday) <u>1</u> <u>23</u> Months Days	IF UNDER 1 YEAR	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none - Child</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Virgil Worley</u>			13b. MOTHER'S MAIDEN NAME <u>Edith Hoover</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Worley, Granite City, Ill.</u>			
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) <u>Pleuronitis, generalized</u>  ANTECEDENT CAUSES <u>following retraction of iliocecal fistula</u> DUE TO (b) <u>iliocecal fistula</u> DUE TO (c) <u>576x</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>3 da</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Intussusception ileo-caecid</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>10 Feb, 1956</u> , to <u>26 Feb, 1956</u> , that I last saw the deceased alive on <u>26 Feb, 1956</u> and that death occurred at <u>6:55 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>May O. Hawk MD.</u> (Degree or title)			23b. ADDRESS <u>4660 Maryland</u>			23c. DATE SIGNED <u>27 Feb 56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		24d. LOCATION (City, town, or county) (State) <u>Madison, Ill.</u>		
DATE REC'D BY LOCAL REG. <u>2-27-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombey MD.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Francis J. Lahey, Madison, Ill.</u>			

MAR 20 1958

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.....  
Signature of Student Embalmer

Signed *Ben E. Friedman*.....

Licensed Embalmer No. *436*.....

P. O. Address *St. Louis*.....

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.