

S. No. 2  
M-5-43  
7-5-17-39  
b I-X36671

STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF THE CENSUS  
STANDARD CERTIFICATE OF DEATH

15320  
State File No. \_\_\_\_\_  
Registrar's No. 3737

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution: Park Lane Hospital  
(d) Length of stay: In hospital or institution.  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Lemay  
(d) Street No. 237 E. Felton Ave.  
(e) Citizen of foreign country? \_\_\_\_\_  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Dalfie Willard Whiteaker  
3. (b) If veteran, name war Nil 3. (c) Social Security No. None  
4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased April 18 1946

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 22 year 1946 hour 12:45 minute P. M.  
21. I hereby certify that I attended the deceased from April 18 1946 to April 22 1946  
that I last saw him alive on April 22 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
4 hr. min.

Immediate cause of death Premature  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

9. Birthplace St. Louis Missouri  
10. Usual occupation Infant

11. Industry or business \_\_\_\_\_  
12. Name Willard Whiteaker  
13. Birthplace Jewett Missouri  
14. Maiden name Edith Stevenson  
15. Birthplace Annapolis Missouri

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant Willard Whiteaker  
(b) Address 237 E. Felton, Lemay, Mo.  
17. (a) Burial (b) Date thereof 4-23-46  
(c) Place: burial or cremation Saco, Missouri  
18. (a) Signature of funeral director Albert H. Hoppe  
(b) Address 4700 Washington Blvd.  
19. (a) APR 23 1946 (b) J. F. Bredeck

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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
23. Signature \_\_\_\_\_ (M. D. or other) M.D.  
Address 4930 Linden Blvd. Date signed 4/23/46

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

NO EMBALM.

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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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**