

S. No. 2
M-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10928

State File No.

Registrar's No. 883

FILED APR 14 1948

Primary Registration District No. 3066

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

1. PLACE OF DEATH:

(a) County: **St. Louis,**

(b) City or town: **Kirkwood,**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **212 N. Woodlawn,**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: **Missouri** (b) County: **St. Louis, 96**

(c) City or town: **Kirkwood,**
(If outside city or town limits, write "RURAL")

(d) Street No. **212 N. Woodlawn,**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME **LILLIE LINCOLN WHITESIDES.**

3. (b) If veteran, name war: **No**

3. (c) Social Security No.: **No**

4. Sex: **Female**

5. Color or race: **White**

6. (a) Single, widowed, married, divorced: **Widowed**

6. (b) Name of husband or wife: **Jos Vincent Whitesides.**

6. (c) Age of husband or wife if alive: **4** years

7. Birth date of deceased: **March 4 1861**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
87	1	---	hr. min.

9. Birthplace: **Keytesville, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation: **At home**

11. Industry or business: **Moses Hurt.**

12. Name: **Moses Hurt.**

13. Birthplace: **Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name: **Eliza Hayes.**

15. Birthplace: **Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Mrs. Robert E. LaMar.**

(b) Address: **7914 Delmar Blvd., Removal 4-5-48**

17. (a) (Burial, cremation, or removal): **Salisbury, Missouri.**

(b) Date thereof: **4-5-48**
(Month) (Day) (Year)

(c) Place: burial or cremation: **Salisbury, Missouri.**

18. (a) Signature of funeral director: **C.R. Lupton & Sons.**

(b) Address: **7233 Delmar Blvd.**

19. (a) **4-6-48** (Date received local registrar)

(b) **Paul Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **4**
year **1948** hour **8:15** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 27** 19**48** to **April 4** 19**48**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage myocardial infarction**

Due to: **arteriosclerosis**

Due to: **931**

Other conditions: **---**
(Include pregnancy within 3 months of death)

Major findings:
Of operations: **---**

Of autopsy: **---**

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?.....
(Specify type of place)

23. Signature: **Paul Brown** (M.D. or other)
Address: **St. Louis, Mo.** Date signed: **4-5-48**

Duration
13 day
week
week

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

Paul Rutledge.

Paul Brown Bldg. 11 to 5
CH. 47 47

114 N. Kirkwood
K. 842

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.