

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 18770  
4889 Registrar's No.

318

1003

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				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 township) OR TOWN <u>St Louis, Mo</u>		c. LENGTH OF STAY (In this place) <u>4 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Paris</u>		8170	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Louis Children's Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>602 Shaw</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Janetta</u>		b. (Middle) <u>Vail</u>		c. (Last) <u>Whitacre</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>2</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>1</u>		8. DATE OF BIRTH <u>Jan. 8, 1950</u>	
9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Paris, Illinois</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10b. KIND OF BUSINESS OR INDUSTRY _____		12. CITIZEN OF WHAT COUNTRY? <u>Amer</u>			
13a. FATHER'S NAME <u>Joseph Whitacre</u>		13b. MOTHER'S MAIDEN NAME <u>Lauraine Painter</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Whitacre</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		(If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Joseph Whitacre</u> ADDRESS <u>Paris, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocardial fibroelastosis with cardiac failure</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				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? <u>754.4</u>			
22. I hereby certify that I attended the deceased from <u>6-1-1950</u> , to <u>6-2-1950</u> , that I last saw the deceased alive on <u>6-2-1950</u> and that death occurred at <u>6:40 pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. J. Klingberg MD</u> (Degree or title) _____				23b. ADDRESS <u>500 So Kingsley Hwy</u>		23c. DATE SIGNED <u>6-2-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-3-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St Louis Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>JUN 3 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B. Anderson</u> ADDRESS <u>1926 St Louis Ave</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

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.

*Not embalmed*