

FILED OCT 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35458**
Registrator's No. **8590**

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrator's No. 8590	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give town) St Louis		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2239	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1220 a Calhoun Street			d. STREET ADDRESS (If rural, give location) 1220a Calhoun Street 0		
3. NAME OF DECEASED (Type or Print) a. (First) Anna		b. (Middle) _____		c. (Last) Whisnant	
4. DATE OF DEATH (Month) (Day) (Year) Oct 11 1950		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb 5 1886		9. AGE (In years last birthday) 64 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Marion Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Samuel Jeffry		13b. MOTHER'S MAIDEN NAME Alice Clayton	
14. NAME OF HUSBAND OR WIFE Luther (Deceased)		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Irma Stacks		ADDRESS 1222a Calhoun Street			
18. CAUSE OF DEATH (Enter only the cause per line (a), (b), and (c)) <i>* This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF LIVER 3			INTERVAL BETWEEN ONSET AND DEATH 4 MONTHS
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) CHOLECYSTITIS			3 years
		DUE TO (c) JAUNDICE OBSTRUCTIVE			3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension					7 years
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 156A	
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 April 6, 1946 , to Oct 11, 1950 , that I last saw the deceased alive on Oct 10, 1950 , and that death occurred at 5:00 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Willard E. Nash D.O.			23b. ADDRESS 1829 518th St St Louis Mo		23c. DATE SIGNED 10/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10/13/50		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24d. LOCATION (City, town, or county) (State) Edwardsville Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Moydell Funeral Home ADDRESS 1926 Allen Av			
DATE REC'D BY LOCAL REG. OCT 11 1950		REGISTRAR'S SIGNATURE _____		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____	

WRITE PLAINLY—USING UNFAADING 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 me

working under my personal supervision.

Student Embalmer No.

Signed Wm S. Sallen

Signed
Student Embalmer

Licensed Embalmer No. 4699

P. O. Address St Charles 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

State of Missouri
City St. Louis } ss.
County of St. Louis }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 35458-50
Local Registrar's No. 8590

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 9 day of November, 19450 before me appears
Dr Willard Nash, who, upon his oath, states that the original record of ^{b#} death
for Anna Whisnant ^{died} October 11, 1950, in the State of
Missouri, and which was filed at St. Louis ^{b#} on 10/12, 1950, should be corrected as follows:

Item No. 18a should read (3 months) Carcinoma of Lung
Instead of ~~3 months~~ 6 months

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Willard J. Nash, Jr. NONE
Relationship. 4

1829 South 8th St. St. Louis, Mo
Present Address.

Subscribed and sworn to before me this 9th day of November, 19450

My Commission Expires September 22, 1954 George S. ... Notary Public.