

STANDARD CERTIFICATE OF DEATH

39175
9902

State File No.

FILED DEC 1 1950

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give town or town <u>Saint Louis</u>)		c. LENGTH OF STAY (in this place) <u>30 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Saint Louis</u>		<u>2119</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peoples Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>4470 Cook Ave. Apt. # 1</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Florence</u>		b. (Middle) _____		c. (Last) <u>Whiteside</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>19,</u>		(Year) <u>1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 1, 1895</u>	
9. AGE (In years, last birthday) <u>55</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Jonesburg, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>				13a. FATHER'S NAME <u>Joe Paul</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth (unknown)</u>	
14. NAME OF HUSBAND OR WIFE <u>Luther Whiteside (dec'd)</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jas. M. Whiteside</u>				ADDRESS <u>1318 No. Sarah</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Pulmonary Congestion</u> <u>Chr myocarditis & infarction</u> <u>Arteriosclerosis</u> <u>Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>3 days</u> <u>(3)</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
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) _____			
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>H2PO</u>			
22. I hereby certify that I attended the deceased from <u>11.13.50</u> to <u>11.19.50</u> , that I last saw the deceased alive on <u>11.19.50</u> , and that death occurred at <u>3:40 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>S. R. Barrett</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1409 No. Euclid Av.</u>		23c. DATE SIGNED <u>11/20/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11/22/50</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Jonesburg, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>NOV 21 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Farsten</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles J. Gates</u> ADDRESS <u>4107 Finney Av.</u>			

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.....

[Handwritten Signature]

Signed.....

Student Embalmer

.....
Licensed Embalmer No. 4259

P. O. Address 4107 7th

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.