

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3455  
0746

FILED FEB 14 1952

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

318

1003

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

|  |                        |   |   |
|--|------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br>Missouri<br>b. COUNTY |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis             |                        | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119                                 |   |
| c. LENGTH OF STAY (in this place) abt 40   |                        | d. STREET ADDRESS (If rural, give location) 2416 Whittier Street Apt. 4   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital                                 |                        |   |   |
| 3. NAME OF DECEASED<br>(Type or Print) Theodore Whetstone  |                        |   | 4. DATE OF DEATH (Month) (Day) (Year) 1/20/52                 |
| 5. SEX Male  | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married  | 8. DATE OF BIRTH 3/17/1898                                    |
| 9. AGE (In years last birthday) 53   |                        | 10. UNDER 1 YEAR Days 10  | 11. UNDER 2 HRS. Hours 3                                      |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waiter |                        | 10b. KIND OF BUSINESS OR INDUSTRY Park Plaza Hotel  | 11. BIRTHPLACE (State or foreign country) Birmingham, Alabama |
| 12. CITIZEN OF WHAT COUNTRY? USA   |                        |   |   |
| 13a. FATHER'S NAME Unknown   |                        | 13b. MOTHER'S MAIDEN NAME Mary Jones  | 14. NAME OF HUSBAND OR WIFE Macey Whetstone                   |

|  |                                     |  |         |
|--|-------------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. WW I | 16. SOCIAL SECURITY NO. 498-10-0949 | 17. INFORMANT'S SIGNATURE OR NAME Macey Whetstone, 2416 Whittier St. | ADDRESS |
|--|-------------------------------------|--|---------|

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br>ANTECEDENT CAUSES _____<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary Occlusion</u><br>DUE TO (c) <u>Coronary Sclerosis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|---|--|----------------------------------|

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>H201</u>          |

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 9:10 A m., from the causes and on the date stated above.

|   |                                |  |
|---|--------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>Patrick E. Taylor 3 Coronar</u> | 23b. ADDRESS 1500 Clark Avenue | 23c. DATE SIGNED 1. 24. 52                             |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal                   | 24b. DATE 1/25/52              | 24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemefery |
| 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri   |                                |  |

|  |   |         |
|--|---|---------|
| DATE RECD BY LOCAL REGISTRAR'S SIGNATURE <u>JAN 24 1952</u> <u>J. Earl Smith M.D. R.P.</u> | 25. FUNERAL DIRECTOR'S SIGNATURE Chas. J. Gates, 4107 Finney Avenue | ADDRESS |
|--|---|---------|

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

1928 5 10 11

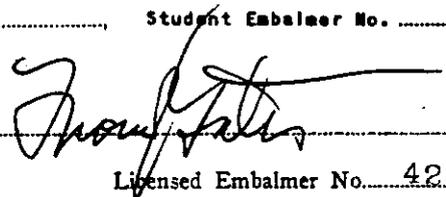
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.