No. 300
10.46

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

FILED MAY 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15093

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3061 Registrar's No. 1098

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights
c. LENGTH OF STAY (in this place): 2 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Valley Park 4761
d. STREET ADDRESS (If rural, give location): 8 Jefferson Ave. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Stephen
b. (Middle): Melvin
c. (Last): Whited

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1952

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: April 11, 1879
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 0, Days 13 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance man
10b. KIND OF BUSINESS OR INDUSTRY: Absorbant Cotton Co.
11. BIRTHPLACE (State or foreign country): Moselle, Mo
12. CITIZEN OF WHAT COUNTRY?: America
13a. FATHER'S NAME: Stephen Whited
13b. MOTHER'S MAIDEN NAME: Sarah Cunningham
14. NAME OF HUSBAND OR WIFE: Eliza Whited
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-05-4444
17. INFORMANT'S SIGNATURE OR NAME: Eliza Whited — ADDRESS: Valley Park, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull- fell from a bench on which he was standing to repair

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) an overhead pipe, struck his head on a concrete floor.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

E9023

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory
21c. (CITY, TOWN, OR TOWNSHIP) Valley Park 400 (COUNTY) St. Louis (STATE) Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/24/52 8:35A.m.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Struck his head on concrete floor when he fell from a bench.

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arnold J. Willmann (Degree or title): Coroner
23b. ADDRESS: Clayton, Mo.
23c. DATE SIGNED: 4/26/52

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/28/52
24c. NAME OF CEMETERY OR CREMATORY: Resurrection Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis County Mo.

DATE REC'D BY LOCAL REG.: 4-26-52
REGISTRAR'S SIGNATURE: Herbert P. Donk M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Meyer-Pfitzinger — ADDRESS: Kirkwood, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Petzinger

Licensed Embalmer No. 4396

P. O. Address Kirkwood 22, 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.