

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22808

State File No.

FILED JUL 15 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6244

| | | | | | |
|--|---|---|---|--|--|
| 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 township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (in this place) <u>Life</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | <u>2119</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4211 Finney Avenue</u> | | | d. STREET ADDRESS (If rural, give location) <u>4211 Finney Avenue</u> | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> | | b. (Middle) <u>C.</u> | c. (Last) <u>Whitlor</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>6/27/52</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u> | 8. DATE OF BIRTH <u>11/1/68</u> | 9. AGE (In years last birthday) <u>83</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Moving Business</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Unknown</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>Mary Latisho</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Marion D. Whitlor, 4211 Finney Ave.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Insufficiency</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 years</u> |
| 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>410 X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>6/27</u> , 19 <u>52</u> , to <u>6/27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/27</u> , 19 <u>52</u> , and that death occurred at <u>7 P</u> m., from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Chas. J. Gates</u> | | | 23b. ADDRESS <u>#4 Lewis Place</u> | | 23c. DATE SIGNED |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7/2/52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u> | | |
| DATE REC'D BY LOCAL REG. <u>JUL 1 1952</u> | REGISTRAR'S SIGNATURE <u>Chas. J. Gates</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. J. Gates, 4107 Finney Ave.</u> | | | |

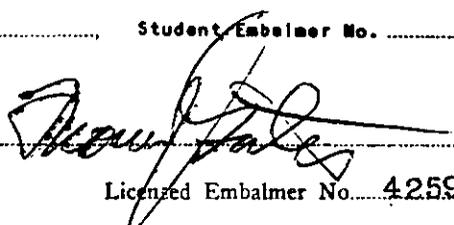
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

....., 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.