

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33567
State File No. 1003
Registrar's No. 9061

FILED OCT 7 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2189	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) F. c. (Last) WHITNEY		d. STREET ADDRESS (If rural, give location) 18 4308 Gibson Ave. 0	
4. DATE OF DEATH (Month) (Day) (Year) SEPT 28 1952	5. SEX 0 Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH Nov. 27, 1891	9. AGE (in years last birthday) 60	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer (Retired 7 Years)	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0	12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME James W. Whitney
13b. MOTHER'S MAIDEN NAME Nancy Stephens		14. NAME OF HUSBAND OR WIFE Late Muriel Whitney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ethel B. Koch 4308 Gibson Ave.	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) congestive heart failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Syphilitic heart disease. DUE TO (c) disease. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. bronchial pneumo. & taboparesis	
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 023X	
22. I hereby certify that I attended the deceased from 8-31-52, 19, to 9-28-52, 19, that I last saw the deceased alive on 9-28-52, and that death occurred at 7:00P m., from the causes and on the date stated above.			
23a. SIGNATURE James B. Strachan, M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 9-29-52			
24. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 1, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.
DATE REC'D BY LOCAL REG. SEP 30 1952	REGISTRAR'S SIGNATURE J. C. Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl	

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

Edwin A. McKeenatt

Licensed Embalmer No. 3024

P. O. Address.....

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.