

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33765

State File No.

No. 300
10-48

FILED SEP 16 1952

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 9255

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wellston</u>	
c. LENGTH OF STAY (In this place) <u>30 years</u>		4311	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6345 Suburban Avenue.</u>		d. STREET ADDRESS (If rural, give location) <u>6345 Suburban Avenue.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) GARFIELD c. (Last) WHITWORTH

4. DATE OF DEATH (Month) (Day) (Year) Sept 10, 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec 31, 1881 9. AGE (In years; last birthday) 70

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler (Ret 8 years)

11. BIRTHPLACE (City and State or Foreign Country) Burnsville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assembler (Ret 8 years)

10b. KIND OF BUSINESS OR INDUSTRY Curtis Wright Co

11. BIRTHPLACE (City and State or Foreign Country) Burnsville, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Whitworth 13b. MOTHER'S MAIDEN NAME Almira Dace 14. NAME OF HUSBAND OR WIFE Lulu Perkins Whitworth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 488-05-3629

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lulu Whitworth ADDRESS 6345 Suburban Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia INTERVAL BETWEEN ONSET AND DEATH 4-5

ANTECEDENT CAUSES DUE TO (b) Cerebral Hemorrhage

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Arteriosclerosis 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. 331X

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

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from 11/8/47, 1947, to 9/9, 1952, that I last saw the deceased alive on 19, and that death occurred at 12:10A m., from the causes and on the date stated above.

23a. SIGNATURE J. E. Dommue (Degree or title) D.O. 23b. ADDRESS 2650 19th Delmar 23c. DATE SIGNED Sept 10-52

24a. BURIAL (CREMATION, REMOVAL, etc.) Burial 24b. DATE Sept 12, 1952 24c. NAME OF CEMETERY OR CREMATORY Baptist Church Cemetery 24d. LOCATION (City, town, or county) (State) Grubville, Missouri.

DATE REC'D BY LOCAL REG. 9-10-52 REGISTRAR'S SIGNATURE Herbert R. Dommue, MD 25. FUNERAL DIRECTOR'S SIGNATURE Shepard Funeral Home ADDRESS 1167 Hamilton Ave

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

J Wm Dinsley

Licensed Embalmer No. 3653

P. O. Address St Louis 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.