U.S. No. 300
Rev. 10-48

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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 37000

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9326

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 1yr 3mo 8dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Infirmary

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis 2139
d. STREET ADDRESS (If rural, give location): 13 5800 Arsenal St

**3. NAME OF DECEASED** (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Whitted

**4. DATE OF DEATH** (Month) Oct. (Day) 4 (Year) 1952

**5. SEX**: male
**6. COLOR OR RACE**: colored
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): single
**8. DATE OF BIRTH**: UNKNOWN
**9. AGE** (In years last birthday): 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): UNKNOWN
**10b. KIND OF BUSINESS OR INDUSTRY**:
**11. BIRTHPLACE** (City and State or Foreign Country): North Carolina
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Anderson Whitted
**13b. MOTHER'S MAIDEN NAME**: Mary ??
**14. NAME OF HUSBAND OR WIFE**:
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): (If yes, give war or dates of service):
**16. SOCIAL SECURITY NO.**:
**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: City Inf. Records 5800 Arsenal St

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis general — yrs
DUE TO (c)

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

**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) m.:
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 4200

**22.** *I hereby certify that I attended the deceased from* July 26, 1951, *to* Oct. 4, 1952, *that I last saw the deceased alive on* Oct. 4, 1952, *and that death occurred at* 4:01 P.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): William M. Weevers MD
**23b. ADDRESS**: 5800 Arsenal St.
**23c. DATE SIGNED**: 10-4-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): REMOVAL
**24b. DATE**: 10-9-52
**24c. NAME OF CEMETERY OR CREMATORY**: WASHINGTON PK.
**24d. LOCATION** (City, town, or county) (State): ST. LOUIS County Mo

**DATE REC'D BY LOCAL REG.**: OCT 9 1952
**REGISTRAR'S SIGNATURE**: J. Earl Smith, M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: A. L. BEAL Undtk'g. Co. 4303 Delmar
(Licensed Embalmer's Statement on Reverse Side)

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 Leroy H. Lannister

Licensed Embalmer No. 45 23

P. O. Address 3880 Easton Ave

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.