

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37702**
8892

FILED OCT 27 1953

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

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		c. CITY OR TOWN Jennings 4148	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		e. STREET ADDRESS (If rural, give location) 7322 Jenwood Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) H. c. (Last) WHITEHEAD			4. DATE OF DEATH (Month) (Day) (Year) Sep. 13 1953		
5. SEX <input type="radio"/> Male <input type="radio"/> Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mailer-St. Louis		10b. KIND OF BUSINESS OR INDUSTRY Post Dispatch		8. DATE OF BIRTH March 16, 1898	
11. BIRTHPLACE (City and State or Foreign Country) Greenbrier, Mo.		9. AGE (In years last birthday) 55 <input type="checkbox"/> UNDER 1 YEAR Months <input type="checkbox"/> UNDER 1 HR. Hours <input type="checkbox"/> Min.			
12. CITIZEN OF WHAT COUNTRY?					

13a. FATHER'S NAME Ephram Whitehead		13b. MOTHER'S MAIDEN NAME Julia N. Brendle		14. NAME OF HUSBAND OR WIFE Alma M. Whitehead	
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 Alma M. Whitehead 7322 Jenwood 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) Lymphoma of mediastinum malignant. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 0 DUE TO (c) 0 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0		INTERVAL BETWEEN ONSET AND DEATH AK	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 200.2	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 5-24-53, to 9-13-53, that I last saw the deceased alive on 9-13-53, and that death occurred at 9:00P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter H. Spencer, M.D.		23b. ADDRESS 1515 8th Street		23c. DATE SIGNED 9-14-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sep. 16, 1953		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.					

DATE REC'D BY LOCAL REG. SEP 14 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kriegshauser 4228 S. Kingshighway Bl.	
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5:05 (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
Signature of Student Embalmer

Signed *William E. White*

Licensed Embalmer No. *4281*

P. O. Address *5229 S. King*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.