

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

State File No.

XC 1 222 803
REG# 114 185

BIRTH NO. FILED NOV 6 - 1953 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2638

4000
WRITE PLAINLY - USING UNFADING BLACK INK - MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY ST. LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY ST. LOUIS									
b. CITY OR TOWN JEFFERSON BARRACKS, MO.		c. LENGTH OF STAY (in this place) 2 DAYS		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				e. STREET ADDRESS (If rural, give location) 640 WEBER ROAD									
3. NAME OF DECEASED (Type or Print) a. (First) JOHN			b. (Middle) T		c. (Last) WHITMIRE		4. DATE OF DEATH (Month) (Day) (Year) 10-11-53						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-26-93		9. AGE (In years last birthday) 60		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ATTENDANT				10b. KIND OF BUSINESS OR INDUSTRY HOSPITAL				11. BIRTHPLACE (City and State or Foreign Country) GAINESVILLE, GEORGIA				12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE WHITMIRE				13b. MOTHER'S MAIDEN NAME UNKNOWN				14. NAME OF HUSBAND OR WIFE JUANITA WHITMIRE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I				16. SOCIAL SECURITY NO. 495 12 6464		17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, JEFF. BRKS., MO							
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, ashenia, etc. It means the disease, injury, or complication which caused death.													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS										INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DUE TO (b) ARTERIOSCLEROSIS DUE TO (c)													
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. HYPERTENSIVE CARDIO VASCULAR DISEASE										332X			
19a. DATE OF OPERATION NONE				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) -----							
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) -----			21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 10-9- 1953, to 10-11 , 1953, and that death occurred at 7:13 Am. , from the causes and on the date stated above.													
23a. SIGNATURE EMMETT D WALL (Degree or title) MD						23b. ADDRESS VET ADM HOSP, JEFF BRKS., MO			23c. DATE SIGNED 10-11-53				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-14-53		24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY			24d. LOCATION (City, town, or county) (State) JEFFERSON BARRACKS, MO.						
DATE REC'D BY LOCAL REG 10/12/53		REGISTRAR'S SIGNATURE <i>Hebert G. ...</i>				25. FUNERAL DIRECTOR'S SIGNATURE <i>Southern Funeral Home</i>			ADDRESS 322 S. Grand Blvd.				

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 *David J. Jordan*.....

Licensed Embalmer No. *1242*

P. O. Address *6322 So*

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.