

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 3202
Registrar's No. 0649

FILED FEB 2 1954

318

REG. DIST. NO. 1003

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 0649	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (In this place) _____		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 HOSPITAL OR INSTITUTION Homer G. Phillips Hospital				e. STREET ADDRESS (If rural, give location) 4604 Cottage		211/6	
3. NAME OF DECEASED (Type or Print) a. (First) Helen		b. (Middle) _____		c. (Last) Rice		4. DATE OF DEATH (Month) 1 (Day) 18 (Year) 54	
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH November 16 1899	
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and State or Foreign Country) St. Louis	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laundry		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and State or Foreign Country) St. Louis		12. CITIZEN OF WHAT COUNTRY? Yes	
13a. FATHER'S NAME Chester Whitemon			13b. MOTHER'S MAIDEN NAME Helen			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) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr Chester Whitemon 4604 Cottage 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) Gastric Ulcer, Perforated ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Subtotal Gastric Resection Cirrhosis of Liver Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Undt.	
19a. DATE OF OPERATION 1-16-54		19b. MAJOR FINDINGS OF OPERATION Benign Gastric Ulcer, Posterior Perforation				20. AUTOPSY? YES <input checked="" 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. HOW DID INJURY OCCUR? 5401	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5401			
22. I hereby certify that I attended the deceased from 12-4, 1953, to 1-18, 1954, that I last saw the deceased alive on 1-18, 1954, and that death occurred at 1:20P m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Earl Bell Smith M.D.				23b. ADDRESS 2601 N. Whittier		23c. DATE SIGNED 1-19-54	
24a. BURIAL, CREMATION REMOVAL (Specify) Removal		24b. DATE 1/22/54		24c. NAME OF CEMETERY OR CREMATORY Greenwood		24d. LOCATION (City, town, or county) (State) St. Louis County Mo	
DATE REC'D BY LOCAL REG. JAN 21 1954		REGISTRAR'S SIGNATURE g Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Herman J. Smith		ADDRESS 4247/w Labadie Ave	

(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 *H. Claudio Gordo*.....

Licensed Embalmer No. *34*.....

P. O. Address *45756*.....

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.