

No. 30
10-48

FILED JAN 14 1954

STANDARD CERTIFICATE OF DEATH

State File No. **3602**

XC 1775 72 29

REG# 115773

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **26**

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 (If outside corporate limits, write RURAL and give town) JEFFERSON BARRACKS, MO.		c. CITY OR TOWN RICHMOND HEIGHTS	
c. LENGTH OF STAY (in this place) 12 DAYS		d. Residence within limits of city or incorporated town? 4993 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL		e. STREET ADDRESS (If rural, give location) 1270 Boland Place	

3. NAME OF DECEASED (Type or Print) a. (First) Shelby		b. (Middle) A.		c. (Last) WHITTINGTON		4. DATE OF DEATH (Month) (Day) (Year) 1-4-54	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 5-25-99	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	
10b. KIND OF BUSINESS OR INDUSTRY Unk.		11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY? USA			

13a. FATHER'S NAME JOSEPH WHITTINGTON		13b. MOTHER'S MAIDEN NAME BESSIE SCHIELD		14. NAME OF HUSBAND OR WIFE THELMA R. WHITTINGTON	
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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. 498 03 9361		17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, JEFF BRKS, MO.	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma, left, type undetermined		ANTECEDENT CAUSES undetermined			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity 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 (Conditions contributing to the death but not related to the disease or condition causing death.) Purulent bronchiectasis			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 163X		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT (Specify) SUICIDE		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		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 **12-23, 1953**, to **1-4, 1954**, and that death occurred at **12:10A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. A. ALLEN, M.D.		23b. ADDRESS VET ADM HOSP., JEFF BRKS, MO.		23c. DATE SIGNED 1-4-54	
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24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 1-5-54		24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. 1-4-54		REGISTRAR'S SIGNATURE Herbert R. Domke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Harrigan-Sheahan		ADDRESS 4700 Washington Blvd	
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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 *Elton R. Remel*.....

Licensed Embalmer No. *428*.....

P. O. Address *St. Louis*.....

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.