

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21463**
4600

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 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) 42 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		d. STREET ADDRESS (If rural, give location) 6002 CLEMENS AVE				
d. FULL NAME OF HOSPITAL OR INSTITUTION SAINT LUKES HOSPITAL				d. STREET ADDRESS (If rural, give location) 6002 CLEMENS AVE						
3. NAME OF DECEASED (Type or Print) a. (First) HARRY			b. (Middle) MOORE		c. (Last) WILLHITE.		4. DATE OF DEATH (Month) (Day) (Year) May 22, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married		8. DATE OF BIRTH Sept. 1, 1877		9. AGE (In years last birthday) 76	10. MONTHS 7	11. DAYS 20	12. HOURS 9	13. MINUTES 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesale Manufacturer			10b. KIND OF BUSINESS OR INDUSTRY Lumber		11. BIRTHPLACE (City and State or Foreign Country) Lair, Kentucky		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Jesse M. Willhite.			13b. MOTHER'S MAIDEN NAME Mary M. Vinege.			14. NAME OF HUSBAND OR WIFE Lillian K. Burch Willhite.				
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. 494-26-3139		17. INFORMANT'S SIGNATURE OR NAME ADDRESS H. Fullerton Willhite. 1141 Hampton Park						
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF STOMACH 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 Conditions contributing to the death but not related to the disease or condition causing death. FRACTURE L. HIP (OLD)								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION NECK FRACTURE L. HIP				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. 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? 151X^F
22. I hereby certify that I attended the deceased from 4-11 , 19 54 , to 5-22 , 19 54 , that I last saw the deceased alive on 5-22 , 19 54 , and that death occurred at 12:15 p.m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) James P. Heltage M.D.				23b. ADDRESS 1320 McCURHEON		23c. DATE SIGNED 5/22/54				
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		24b. DATE 5/24/1954	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory		24d. LOCATION (City, town, or county) (State) St. Louis, County Missouri					
DATE REC'D BY LOCAL REG. MAY 24 1954		REGISTRAR'S SIGNATURE J. Carl Smith M.D.			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.C. R. Lupton & Sons; 7233 Lamar Blvd.,					

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.