

FILED AUG 20 1954

# STANDARD CERTIFICATE OF DEATH

State File No. **29310**  
**6932**

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

**1. PLACE OF DEATH**  
 a. COUNTY \_\_\_\_\_  
 b. CITY (If outside corporate limits, write RURAL and give town) **St. Louis**  
 c. LENGTH OF STAY (in this place) \_\_\_\_\_  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospt.**

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE **Missouri** b. COUNTY **St. Louis**  
 c. CITY (If outside corporate limits, write RURAL and give township) **Pagedale #297**  
 d. STREET ADDRESS (If rural, give location) **6729 Roberts Ave.**

**3. NAME OF DECEASED**  
 a. (First) **Sadie** b. (Middle) \_\_\_\_\_ c. (Last) **Whitson**  
 4. DATE OF DEATH (Month) (Day) (Year) **7/26/54**

5. SEX **Female** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **3/2/1875** 9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework** 10b. KIND OF BUSINESS OR INDUSTRY **At Home** 11. BIRTHPLACE (State or foreign country) **Unk. Ark.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **George Underwood** 13b. MOTHER'S MAIDEN NAME **Unk** 14. NAME OF HUSBAND OR WIFE **Charles Whitson Dec.**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) **\*\*\*\*\*** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Sadie Kelly** ADDRESS **6729 Roberts 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.  
**18. CAUSE OF DEATH**  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cancer of Breast**  
 ANTECEDENT CAUSES **Fracture of Left Femur;**  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Due to (b) Labor Pneumonia**  
 DUE TO (c) **suffered in fall at home**  
 II. OTHER SIGNIFICANT CONDITIONS **on May 18, 1954 exact date unknown**  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION **Accident** 20. AUTOPSY? YES  NO

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) **Accident** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Home** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **May 14 54 ?** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Had E9040**

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **1:45 p.m.**, from the causes and on the date stated above. **21**

23a. SIGNATURE **Catrick L Taylor** (Degree or title) \_\_\_\_\_ 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **7-27-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **7/28/54** 24c. NAME OF CEMETERY OR CREMATORY **Valhalla Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Co; M.**

DATE REC'D BY LOCAL REG. **JUL 27 1954** REGISTRAR'S SIGNATURE **J. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. S. Clark** ADDRESS **1125 Hodiamont Ave.**

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed..... *Alfred J. Boedeker*

Licensed Embalmer No. *9663*

P. O. Address *1125 Stadium*

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.