No. 300
10.48

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3528

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 226

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): AFFTON
c. LENGTH OF STAY (in this place): 24 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RR 14 BOX 825

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: ST. LOUIS
c. CITY OR TOWN: AFFTON
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
STREET ADDRESS (If rural, give location): RR 14 BOX 825

4000
0

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): C.
c. (Last): WHITSON

4. DATE OF DEATH (Month) (Day) (Year): JAN. 28 1955

5. SEX: MALE 0

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: FEB. 22, 1896

9. AGE (In years last birthday): 58
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): AUTOMOBILE SALESMAN

10b. KIND OF BUSINESS OR INDUSTRY: AUTOMOBILE

11. BIRTHPLACE (City and State or Foreign Country): WATERLOO, IOWA

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: FLORENCE WHITSON

13b. MOTHER'S MAIDEN NAME: MAY YOUNG

14. NAME OF HUSBAND OR WIFE: LOUISE C. WHITSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WORLD WAR 1

16. SOCIAL SECURITY NO.: 494-03-6031

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: LOUISE C. WHITSON RR 14 BOX 825

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UNKNOWN NATURAL CAUSES — INTERVAL BETWEEN ONSET AND DEATH

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

7955

20. AUTOPSY? YES ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

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* 3:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Herbert R. Domke, M.D. Local Registrar

23b. ADDRESS: 651 S. Brentwood Blvd.

23c. DATE SIGNED: 2-1-55

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: JAN. 31, 1955

24c. NAME OF CEMETERY OR CREMATORY: TRINITY LUTHERAN CEM.

24d. LOCATION (City, town, or county) (State): ST. LOUIS CO., MO.

DATE REC'D BY LOCAL REG.: 1-29-55

REGISTRAR'S SIGNATURE: Herbert R. Domke M.D.

25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: KRIEGSHAUSER 4228 S. KINGSHIGHWAY BL.

(Licensed Embalmer's Statement on Reverse Side)

SW

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard W. Storrsand

Licensed Embalmer No. 400.

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.