

FILED MAR 31 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **10380**  
**2093**

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

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>3 DAYS</b>		STREET ADDRESS (If rural, give location) <b>21 - 921 N. 18th STREET 2219</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hosp.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Eva</b>	b. (Middle) <b>MAY</b>	c. (Last) <b>Whitmore</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>March 4, 1955</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 17, 1907</b>
9. AGE (In years last birthday) <b>47</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WORK</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>-</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>MONROE, ILLINOIS</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>JERRY REECE</b>		13b. MOTHER'S MAIDEN NAME <b>ARVILLA HILL</b>	14. NAME OF HUSBAND OR WIFE <b>OWEN WHITMORE (DEAD)</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>-</b>		16. SOCIAL SECURITY NO. <b>No</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>WOODROW REECE</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hepatic coma</b>		
	ANTECEDENT CAUSES DUE TO (b) <b>Laennec cirrhosis</b> DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
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	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	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) <b>1:45 P.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>5811</b>

22. I hereby certify that I attended the deceased from **March 2, 1955**, to **March 4, 1955**, that I last saw the deceased alive on **March 4, 1955**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **3-4-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **3/7/55** 24c. NAME OF CEMETERY OR CREMATORY **MT. HOPE** 24d. LOCATION (City, town, or county) (State) **BELLEVILLE, ILL.**

DATE REC'D BY LOCAL REG. **MAR 7 1955** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **[Signature] Barnes**

(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 not embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Philip Eden

Licensed Embalmer No. 7091

P. O. Address Est. Home

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.