

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17110
4368

State File No.

Registrar's No.

FILED MAY 26 1955

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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) **Life**
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **DePaul Hospital**
STREET ADDRESS (If rural, give location) **2106a Alice**

3. NAME OF DECEASED (Type or Print)
a. (First) **BABY** b. (Middle) _____ c. (Last) **WHITWORTH**
4. DATE OF DEATH (Month) (Day) (Year) **May 16 1955**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**
8. DATE OF BIRTH **May 15, 1955** 9. AGE (In years last birthday) **1** 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) **Infant**
10b. KIND OF BUSINESS OR INDUSTRY _____
11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri**
12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **Hubert Whitworth** 13b. MOTHER'S MAIDEN NAME **Thelma Quinton** 14. NAME OF HUSBAND OR WIFE _____

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. **No** 17. INFORMANT'S SIGNATURE OR NAME **Hubert Whitworth, 2106a Alice** ADDRESS _____

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **PREMATURITY**
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused 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.**
INTERVAL BETWEEN ONSET AND DEATH **1 day**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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 (Month) (Day) (Year) (Hour) OF INJURY _____ m. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? **776X**

22. I hereby certify that I attended the deceased from **May 15, 1955** to **May 15, 1955** that I last saw the deceased alive on **May 5, 1955** and that death occurred at **1 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Dr. G. M. D.** 23b. ADDRESS **8700 Olive** 23c. DATE SIGNED **5-17-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **5-18-55** 24c. NAME OF CEMETERY OR CREMATORY **St. Trinity Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis Col, Missouri**

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **MAY 17 1955 G. Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **McLaughlin F.H., Inc., 2301 Lafayette**
(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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James R. Chapman*
Licensed Embalmer No. *45*
P. Q. 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.