No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

XC-17 099 478
Reg. #15929
SL #2873 FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18876
State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5194

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (In this place) 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMINISTRATION HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location) 3181 Watson Road

3 2039

3. NAME OF DECEASED (Type or Print)
a. (First) KATHERINE
b. (Middle) J.
c. (Last) WHITNEY

4. DATE OF DEATH (Month) (Day) (Year) May 29, 1956

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0
8. DATE OF BIRTH 6/15/09
9. AGE (In years last birthday) 46 | 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) Clerk
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edwin A. Whitney
13b. MOTHER'S MAIDEN NAME Katie Phillips
14. NAME OF HUSBAND OR WIFE - - - - - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2 & Korean
16. SOCIAL SECURITY NO. 492-10-9120
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St.Louis, Mo. ADDRESS

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) CARCINOMATOSIS — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARCINOMA OF LEFT BREAST — 10 yrs.
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 - - - - - 170 X
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) NONE
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) VA 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* 4/24, 19 56, *to* 5/29, 19 56, ~~[illegible]~~ *and that death occurred at* 3:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph T. Kaminskas
23b. DEGREE OR TITLE M.D.
23b. ADDRESS VAH, St. Louis, Mo.
23c. DATE SIGNED 5/29/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-31-1956
24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
24d. LOCATION (City, town, or county) St.Louis (State) Mo

DATE REC'D BY LOCAL REG. MAY 31 1956
REGISTRAR'S SIGNATURE Earl Smith MD
(Licensed Embalmer's Statement on Reverse Side)
25. FUNERAL DIRECTOR'S SIGNATURE Hoffmeister Colonial Mortuary
ADDRESS 6264 Chippewa Street, St Louis 9, Missouri

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 Lewis C. Hoffman

Licensed Embalmer No. 38

P. O. Address 781 E.S.

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.