

No. 300  
10.48

FILED SEP 6 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28306

State File No.

318

1003

Registrar's No. 7741

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 28306	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>2219 21 2914 Row Delmar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer Phillips</u>				d. STREET ADDRESS (If rural, give location) <u>2219 21 2914 Row Delmar</u>			
3. NAME OF DECEASED (Type or Print) <u>MATTIE-DOTSON</u> (First) <u>Whitehead</u> (Middle) <u>Whitehead</u> (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>8-19-56</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Single</u>	8. DATE OF BIRTH <u>9/15/1912</u>		9. AGE (In years last birthday) <u>43</u>		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MAID</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ARK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James Whitehead</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <u>410-12-9481</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Richard A. Dickson 2930 Dickson</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>1. Atelectasis of lungs; 2. Paralytic distention of the cecum and ascending colon, following stabwound of the abdomen; 3. Exteriorization of the abdomen, suffered when stabbed with knife in front of 2914 Delmar about 3:40 P.M., August 17, 1956. HOMICIDE</u></p> <p>II. OTHER SIGNIFICANT CONDITIONS <u>Antecedent causes: Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u></p>						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E982x</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT - SUICIDE - HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis MO</u>			
21d. TIME OF INJURY <u>8-17-56</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>See above</u>			
22. I hereby certify that I attended the deceased from <u>1956</u> , to <u>1956</u> , that I last saw the deceased <u>alive on</u> , 19 <u>56</u> , and that death occurred at <u>7</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Dr. J. Carl Smith</u> (Degree or title)				23b. ADDRESS <u>St. Louis 130</u>		23c. DATE SIGNED <u>8/21/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/24/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washburn Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis City MO</u>		
DATE REC'D BY LOCAL REG. <u>AUG 21 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Mrs. Love 2930 Dickson</u>			

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

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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 .....  
Student Embalmer

Signed Levy G. Bonner

Licensed Embalmer No. 4523

P. O. Address 2616 Hayes

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.