Health, Welfare Public Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

XC-4 691 987
Reg. 15923 SL-59-19

FILED SEP 6 1956

STATE FILE NUMBER 29309

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7398

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N.Grand, St.Louis, Mo. — Inside Limits Yes X No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) VA Hospital — Length of stay in Hospital: 106 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN ST. LOUIS — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) 2102 LAFAYETTE AVE — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First CLARENCE; Middle P.; Last WHITLEDGE

4. DATE OF DEATH Month 8 Day 8 Year 56

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH 3-12-09

9. AGE (In years last birthday) 47 — 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) SHEET METAL WORKER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) BLOOMFIELD, MISSOURI

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ALEX WHITLEDGE

14. MOTHER'S MAIDEN NAME LUCY COTNER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) WW-2

16. SOCIAL SECURITY NO. 489 18 6052

17. INFORMANT VA Hosp. Records, 915 N. Grand, St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bilateral Acute Broncho-Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Chronic Bronchitis & Emphysema — Unknown
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 502.0

19. WAS AUTOPSY PERFORMED? YES X NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m., Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I VA attended the deceased from 4-24-56 to 8-8-56 and ~~[illegible]~~ last saw him alive on 8-8-56. Death occurred at 12:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. J. SHEKLETON (Degree or title) M.D. — T. J. Shekleton MD

22b. ADDRESS VA Hospital, 915 N. Grand, St. Louis, Mo.

22c. DATE SIGNED 8-8-56

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL

23b. DATE 8-9-56

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town, or county) Jackson, Mo. (State)

24. FUNERAL DIRECTOR Craycraft and Miller — **ADDRESS** Jackson, Mo.

25. DATE RECD. BY LOCAL REG. AUG 10 1956

26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D. — M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed V E Morris

Licensed Embalmer No. 3

P. O. Address St Lou

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