

XC- 14812130

SL- 11706 FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 39918  
9804

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

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS, c. CITY OR TOWN JENNINGS 4138				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. GRAND, ST. LOUIS, MO				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL			
Length of stay in lb 3 DAYS				d. STREET ADDRESS 2820 GLADE				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First MELVIN K Middle WHITESIDE Last							4. DATE OF DEATH Month OCTOBER Day 26 Year 1956				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 10-7-23		9. AGE (In years last birthday) 33		10. IF UNDER 1 YEAR Month _____ Day _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JIG BUILDER				10b. KIND OF BUSINESS OR INDUSTRY McDonnell Aircraft Company		11. BIRTHPLACE (City and state or country) HECKER, ILL.		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME JOHN WHITESIDE				14. MOTHER'S MAIDEN NAME HILDA BELL				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW 2			
16. SOCIAL SECURITY NO. 318-20-1240				17. INFORMANT ST. LOUIS, MISSOURI. VA HOSPITAL RECORDS. 915 N. GRAND. (Mrs. F. Laverne Whiteside, 2820 Glade Ave)				18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF RIGHT MAXILLARY SINUS WITH DUE TO (b) METASTASES TO LUNGS DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 160x			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____				20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				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 attended the deceased from 10-23-56 to 10-26-56 and last saw <del>him</del> <sup>her</sup> alive on 10-26-56 Death occurred at 12:30 A. M. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE F. Joseph Phaelinger, D. O.						22b. ADDRESS ST. LOUIS, MO. VA HOSPITAL, 915 N GRAND.				22c. DATE SIGNED 10-26-56	
23a. DATE OF CREMATION REMOVAL (Specify) 10-29-1956				23b. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery				23c. LOCATION (City, town, or county) (State) Normandy, St. Louis Co., Mo			
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Av				ADDRESS				25. DATE RECD. BY LOCAL REG. OCT 26 1956		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	

(Licensed Embalmer's Statement on Reverse Side)

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56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

J. Carl Smith, M.D.  
3.8

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 *Richard G. Burnell*.....  
Licensed Embalmer No. *420*

P. O. Address *St. Louis*

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.