

STANDARD CERTIFICATE OF DEATH

15797

State File No. ....

FILED APR 29 1957

BIRTH NO. REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 590 Registrar's No. 1051

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>VALLEY PARK</u>		c. CITY OR TOWN <u>VALLEY PARK</u>	
c. LENGTH OF STAY (in this place) <u>34 YRS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CEDARCROFT NURSING HOME</u>		e. STREET ADDRESS (If rural, give location) <u>390 WEST AVE.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>JANE</u>	c. (Last) <u>WHITAKER</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>APRIL 20 1957</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>WIDOWED</u>	8. DATE OF BIRTH <u>FEB. 12, 1880</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>
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13a. FATHER'S NAME <u>JOHN DEER</u>	13b. MOTHER'S MAIDEN NAME <u>LOUISA HUDSON</u>	14. NAME OF HUSBAND OR WIFE <u>JAMES T. WHITAKER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	(If yes, give war or dates of service) <u>NONE</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>WALTER J. WHITAKER</u>	ADDRESS <u>576 ARMINDA</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MEDULO-ADRENAL FAILURE</u>		
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <u>✓ ENCEPHALOMALACIA</u> DUE TO (c) <u>SENESCENCE</u>		
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>✓</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from April 11, 1951, to April 20, 1957, that I last saw the deceased alive on April 20, 1957, and that death occurred 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter J. Whitaker</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>P. O. BOX 248 VALLEY PARK, MO.</u>	23c. DATE SIGNED <u>1957 April 20</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-22-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD 22, MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-22-57</u>	REGISTRAR'S SIGNATURE <u>Herbert A. Domke MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>PFITZINGER MORTUARY</u>	ADDRESS <u>KIRKWOOD, MO.</u>
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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 *William H. Pelzger*

Licensed Embalmer No. *316*

P. O. Address *Wilmington, N.C.*

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.