

health, Welfare
Public
Service

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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 causally related. Coroner cannot certify to a death due to natural causes.

FILED MAY 31 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1947-1957

STATE FILE NUMBER
4521

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

1. PLACE OF DEATH a. COUNTY ST LOUIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST CLAIR				
b. CITY (If outside corporate limits, give TOWNSHIP only) ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN EAST ST LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MO PACIFIC			Length of stay in lb		d. STREET ADDRESS 32373 N 88th ST		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LOUIS				First LOUIS Middle WITHERSPOON Last WITHERSPOON		4. DATE OF DEATH Month MAY Day 12 Year 1957		
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 MARCH 19 1885		9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED CAR INSPECTOR TERMINAL R.R.			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MOBERLY MO		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME WILLIAM WITHERSPOON				14. MOTHER'S MAIDEN NAME BELL DOUGLAS				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Henrietta Witherspoon Address E ST LOUIS 373 N 88 ST				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 2nd and 3rd Burns of approximately 50% of the Body. Suffered when deceased fell in scalding water in the bathroom in Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 50% of the Body. Suffered when DUE TO (c) deceased fell in scalding PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) water in the bathroom in							INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT <input checked="" 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.) same in East St Louis, Illinois					
20c. TIME OF INJURY Hour ? a. m. 5 10 p. m. 5 Month May Day 10th Year 1957			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 32373 Avenue				20e. CITY, TOWN, OR LOCATION East St Louis Ill	20f. COUNTY Ill STATE Ill
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 450 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22. SIGNATURE (Deceased) James M Kelly				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 5-13-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 5/13/57	23c. NAME OF CEMETERY OR CREMATORY EAST ST LOUIS		23d. LOCATION (City, town, or county) (State) ILLINOIS			
24. FUNERAL DIRECTOR ROBINS FUNERAL HOME ADDRESS E. ST. LOUIS			25. DATE RECD. BY LOCAL REG. MAY 13 '57		26. REGISTRAR'S SIGNATURE Earl Smith MO			

(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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Frank Prokop*.....

Licensed Embalmer No. *403*

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.