

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-012483

STATE FILE NUMBER

FILED APR 15 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3564

|  |                                  |   |   |
|--|----------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>                       |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>ST. LOUIS, MISSOURI</b>   |                                  | Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN<br><b>Richmond Hts.</b>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>BARNES HOSPITAL</b>   |                                  | Length of stay in 1b<br><b>27</b>   | d. STREET ADDRESS (If outside, give location)<br><b>7363 Goff Ave.</b>                            |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>MATTIE FLORENCE WHITMORE</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>MARCH 27. 1958</b>                                       |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>June 11, 1879</b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>at home</b>   | 9. AGE (In years less birthday)<br><b>78</b>  |
| 11. BIRTHPLACE (City and state or country)<br><b>Fenton, Missouri</b>  |                                  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |   |
| 13a. FATHER'S NAME<br><b>John Stevens</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Frances Starff</b>  | 14. NAME OF HUSBAND OR WIFE<br><b>Late George Whitmore</b>  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no none</b>  |                                  | 16. SOCIAL SECURITY NO.<br><b>none</b>  | 17. INFORMANT Address<br><b>Corinne Schermen 7363 Goff Ave.</b>                                   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>STRANGULATED MEMORAL HERNIA WITH SHOCK</b>   |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 DAYS</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |                                  |   | <b>5611</b>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>BRONCHOPNEUMONIA 3 DAYS</b>  |                                  |   | 19. WAS AUTOPSY PERFORMED?<br>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.)<br><b>/</b>  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m.<br>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 <b>MARCH 23, 1958</b> to <b>MARCH 27, 1958</b> and last saw her/him alive on <b>MARCH 27, 1958</b><br>Death occurred at <b>2:25 P.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated. |                                  |   |   |
| 22a. SIGNATURE (Degree or title)<br><b>C. S. Remillion, M.D.</b>   |                                  | 22b. ADDRESS<br><b>BARNES HOSPITAL</b>  | 22c. DATE SIGNED<br><b>3/28/58</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>3-31-58</b>      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Resurrection Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Mo.</b>                        |
| 24. FUNERAL DIRECTOR<br><b>Kriegshauser</b>  |                                  | ADDRESS<br><b>4228 S. Kingshighway</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>MAR 28 '58</b>   |
|  |                                  |   | 26. REGISTRAR'S SIGNATURE<br><b>Carl Smith mo</b>   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 W. Stovess*

Licensed Embalmer No. .... *4007* .....

P. O. Address.....

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.