

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031108  
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8114

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| 1. PLACE OF DEATH<br>a. COUNTY   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri b. COUNTY |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN St. Louis                   |  | c. CITY OR TOWN St. Louis  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Homer G. Phillips |  | d. STREET ADDRESS (If outside, give location)<br>2219 2711 Gamble  |  |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>Thelma Whirley East |  |  | 4. DATE OF DEATH<br>Month Day Year<br>8 19 58 |  |  |
|--|--|--|---|--|--|

|                    |                           |   |                                  |                                     |                                 |                                 |
|--------------------|---------------------------|---|----------------------------------|-------------------------------------|---------------------------------|---------------------------------|
| 5. SEX<br>Female 3 | 6. COLOR OR RACE<br>Negro | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br>May 17, 1933 | 9. AGE (In years at birthday)<br>25 | 10. UNDER 1 YEAR<br>Months Days | 11. UNDER 24 HRS.<br>Hours Min. |
|--------------------|---------------------------|---|----------------------------------|-------------------------------------|---------------------------------|---------------------------------|

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|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Laundress | 10b. KIND OF BUSINESS OR INDUSTRY<br>None | 11. BIRTHPLACE (City and state or country)<br>St. Louis, Missouri | 12. CITIZEN OF WHAT COUNTRY?<br>U. S. A. |
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|                                  |   |                                     |
|----------------------------------|---|-------------------------------------|
| 13a. FATHER'S NAME<br>John Smith | 13b. MOTHER'S MAIDEN NAME<br>Virginia Whirley | 14. NAME OF HUSBAND OR WIFE<br>None |
|----------------------------------|---|-------------------------------------|

|   |                                    |                                   |                             |
|---|------------------------------------|-----------------------------------|-----------------------------|
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no or unknown) (If yes, give war or dates of service)<br>No | 16. SOCIAL SECURITY NO.<br>Unknown | 17. INFORMANT<br>Virginia Whirley | Address<br>2718 Cole Street |
|---|------------------------------------|-----------------------------------|-----------------------------|

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|--|--------------------------------------|---|
| 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) BRONCHIAL ASTHMA. |                                      | INTERVAL BETWEEN ONSET AND DEATH<br>undet.  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   | DUE TO (b) _____<br>DUE TO (c) _____ |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)                  |                                      | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2 |

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| 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.) |
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|--|---|--|---|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>p.m. | 20d. INJURY OCCURRED WHILE AT <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 |
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| 21. I attended the deceased from 8-18-58 12:00A, to 8-19-58 and last saw her <sup>her</sup> <sub>him</sub> alive on 8-19-58<br>Death occurred at 5:35 A m on the date stated above; and to the best of my knowledge, from the causes stated. |
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|                                       |                                      |                             |
|---------------------------------------|--------------------------------------|-----------------------------|
| 22a. SIGNATURE<br>Paul K Larson, M.D. | 22b. ADDRESS<br>2601 Whittier Street | 22c. DATE SIGNED<br>8-19-58 |
|---------------------------------------|--------------------------------------|-----------------------------|

|  |                        |  |   |
|--|------------------------|--|---|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Removal | 23b. DATE<br>8-26-1958 | 23c. NAME OF CEMETERY OR CREMATORY<br>Washington Park Cemetery | 23d. LOCATION (City, town, or county) (State)<br>St. Louis Co., Mo. |
|--|------------------------|--|---|

|   |         |  |   |
|---|---------|--|---|
| 24. FUNERAL DIRECTOR<br>RELIABLE F. SYS. 1389 UNION | ADDRESS | 25. DATE RECD. BY LOCAL REG.<br>AUG 20 '58 | 26. REGISTRAR'S SIGNATURE<br>J. Paul Smith M.D. |
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Melvin Blackburn* .....

Licensed Embalmer No. *3962* .....

P. O. Address *1221 N. Grand* .....

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.