

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034826

FILED OCT 3 1958

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 8624

1. PLACE OF DEATH a. COUNTY St. Louis Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo.		c. CITY OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 1 mo.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital #1		e. STREET ADDRESS (If rural, give location) 2217 2824 Lawton Ave.	
3. NAME OF DECEASED (Type or Print) Kevin Eugene Whitney		4. DATE OF DEATH (Month) (Day) (Year) 9 4 58	
a. (First)		b. (Middle)	
5. SEX Male		6. COLOR OR RACE Negro	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Baby		8. DATE OF BIRTH July 6, 1958	
9. AGE (In years last birthday) 1 28		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY no	
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME J. W. Whitney Jr.		13b. MOTHER'S MAIDEN NAME Susie Reddick	
14. NAME OF HUSBAND OR WIFE no		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. no		17. INFORMANT'S SIGNATURE OR NAME X- Susie Whitney	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenital Atelectasis DUE TO (c) at II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		ADDRESS 2824 Lawton	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 5710	
20. AUTOXY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 700 P. M. , from the causes and on the date stated above.	
23a. SIGNATURE James M. Keely Deputy Registrar		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 9-6-58		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept. 8, 58		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County Mo.		25. FUNERAL DIRECTOR'S SIGNATURE W. H. English	
DATE REC'D BY LOCAL REG. SEP 6 '58		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS 1123 N. Taylor Ave.	

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 *Wallace R. Hillman*

Licensed Embalmer No. *492*
P. O. Address *5135 Lotus*

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.