

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003682  
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 317

Primary Registration District No. 531

Registrar's No. 186

300  
-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST. LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) U. City St. Louis County 26		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN U. CITY 400 E St. Louis Co. 26 C		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 10425 Golterman Dr		Length of stay in lb YRS.	d. STREET ADDRESS 10425 Golterman Dr.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Mary (Stewart) Whitnah			4. DATE OF DEATH Month Day Year Jan. 17 1959		
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 13, 1919	9. AGE (In years last birthday) 39 Yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Gassoway, West Va.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME French Stewart		13b. MOTHER'S MAIDEN NAME Valeria Hanna		14. NAME OF HUSBAND OR WIFE Kaye L. Whitnah	
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. unk.		17. INFORMANT Kaye L. Whitnah 10425 Golterman Dr.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Carcinomatous</i> St. Louis County 26, Mo. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Primary carcinoma, 2 1/2 years of growth</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X					INTERVAL BETWEEN ONSET AND DEATH <i>3 months</i>
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.) 170X		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 <i>Jan 25, 1959</i> to <i>Jan 17, 1959</i> and last saw her/him alive on <i>1-17-59</i> Death occurred at <i>4:20 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Kathleen E. Keith, M.D.</i> (Degree or title)			22b. ADDRESS <i>Hosington Village</i>		22c. DATE SIGNED <i>1-19-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	23b. DATE <i>Jan. 20, 1959</i>	23c. NAME OF FUNERAL HOME <i>Valeria Chapel Of Memories</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>	
24. FUNERAL DIRECTOR <i>Hoffmeister Colonial Mortuary</i> ADDRESS <i>6464 Chippewa St., St. Louis, Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>1-20-59</i>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy, M.D.</i>	

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 *Rice C. Branson* .....

Licensed Embalmer No. *4767* .....  
P. O. Address *St. Louis, Mo.* .....

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.