

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-007781

STATE FILE NUMBER

2 1544

FILED MAR 2 1959

Registration District No.

Primary Registration District No.

Registrar's No.

300
1-57
28
95
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1. PLACE OF DEATH a. COUNTY <u>D.O.A. To Hospital</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St Louis</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer B. Phelps</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>2756 Bacon</u> Reside on Form Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Willie Whirley</u>			4. DATE OF DEATH Month Day Year <u>2 10 1959</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-16 1904</u>
9. AGE (In years last birthday) <u>54</u>		FUNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NURSE HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MAID</u>	11. BIRTHPLACE (City and state or country) <u>Edwards Miss 1</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Anthony J Gregory</u>	
13b. MOTHER'S MAIDEN NAME <u>Sycintha Young</u>		14. NAME OF HUSBAND OR WIFE <u>John Whirley</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? <u>NO</u> (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>426-46-8555</u>	17. INFORMANT <u>John Whirley</u> Address <u>2756 Bacon</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>934.046</u>			
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. INJURY OCCURRED <u>suffered an injury occurred</u> <u>topped on stairs attached by</u> <u>topped on February 10, 1959</u>	
20c. TIME OF INJURY Hour Month, Day, Year <u>2:20 a.m. 2 10 59</u>		20d. PLACE OF INJURY (e.g., in or about home, farm, store, street, office bldg., etc.) <u>115</u>	
20e. CITY, TOWN, OR LOCATION <u>St Louis Mo</u>		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>430 A.P.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wm. J. Quinn</u> (Deputy Registrar)		22b. ADDRESS <u>1300 Clark</u>	
22c. DATE SIGNED <u>2/13/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Shipped</u>		23b. DATE <u>2-15-1959</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Clarksdale Miss</u>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <u>Hill & Radford</u> ADDRESS <u>1713 N. Grand</u>		25. DATE RECD. BY LOCAL REG. <u>FEB. 13-1959</u>	
26. REGISTRAR'S SIGNATURE <u>Joan Smith, M.D.</u>			

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 *Hulsten E. Calkin*

Licensed Embalmer No. *4198*

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.