

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-007785  
State File No. ....

FILED FEB 26 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_ Registrar's No. **2 1432**

1. PLACE OF DEATH a. COUNTY <b>St. Louis, Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Crystal City</b>	
c. LENGTH OF STAY (in this place) <b>21 days</b>		d. STREET ADDRESS (If rural, give location) <b>132 Lincoln St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Infirmary</b>			

3. NAME OF DECEASED (Type or Print) <b>Annie Whitner</b>	a. (First) <b>(Anna)</b>	b. (Middle)	c. (Last)	4. DATE OF DEATH <b>Feb. 9 1959</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 9 1887</b>	9. AGE (In years last birthday) <b>71</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>St. Mary's Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>David Black</b>	13b. MOTHER'S MAIDEN NAME <b>Maxie M. Woten</b>	14. NAME OF HUSBAND OR WIFE <b>Adam</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Adam Whitner</b>	ADDRESS <b>Crystal City, Mo.</b>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>pulmonary infarction</b> <b>hypertensive cardiovascular disease</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive cardiovascular disease</b> DUE TO (c) <b>443X</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>diabetes mellitus</b> <b>Dialytic Mellitus</b>			

19a. DATE OF OPERATION <b>None</b>	19b. MAJOR FINDINGS OF OPERATION <b>None</b>	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>None</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>None</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **1-20-59**, 19\_\_\_, to **2-9-59**, 19\_\_\_, that I last saw the deceased alive on **2-8-59**, 19\_\_\_, and that death occurred at **7:10 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>S.A. Fraser</b>	23b. ADDRESS <b>St. Louis, Mo.</b>	23c. DATE SIGNED <b>2-10-59</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>2-13-59</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Crystal City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>FEB 10 59</b>	REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gentry R. Politte</b>	ADDRESS <b>Crystal City, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300  
48

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 .....  
Student Embalmer

Signed *Geoffrey D. Patitto*

Licensed Embalmer No. *3481*

P. O. Address *Crystal City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.