

Health,
L. Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-015950

STATE FILE NUMBER

2 4319

FILED MAY 15 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. _____

300
1-57
5
6
46

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	a. STATE Missouri b. COUNTY St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital		Length of stay in 1b	c. CITY OR TOWN University City Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
			d. STREET ADDRESS (If outside, give location) 7149 Stanford Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last MORRIS L. WHYMAN			4. DATE OF DEATH Month Day Year May 2, 1959	
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19, 1897	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Realtor	10b. KIND OF BUSINESS OR INDUSTRY Real Estate	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Louis Whyman	13b. MOTHER'S MAIDEN NAME Lena Gordon	14. NAME OF HUSBAND OR WIFE Louise Ruth Whyman
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. Unk.	17. INFORMANT Mrs. M.L. Whyman-7149 Stanford Ave.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal failure (lower nephron)	INTERVAL BETWEEN ONSET AND DEATH 48 hrs
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) **Shock secondary to c**
DUE TO (c) **Pulmonary embolus**

572.1

48 hrs.
19. WAS AUTOPSY PERFORMED?
YES NO 2

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Perforated sigmoid diverticulitis with peritonitis. Surgery 4-26-59

MEDICAL CERTIFICATION

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 Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <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 Apr. 26, 1959 to May 2, 1959 and last saw her alive on May 2, 1959 Death occurred at 10:15 A.M. 5-2-59 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Sam Schneider (Degree or title) M.D.	22b. ADDRESS 4652 Maryland, St. Louis 8, Mo.	22c. DATE SIGNED 5-2-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 5/4/59	23c. NAME OF CEMETERY OR CREMATORY Mc. Sinai Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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24. FUNERAL DIRECTOR Herman Rotherkopf, Inc. 5216 Delmar	25. DATE RECD. BY LOCAL REG. MAY 4 '59	REGISTRAR'S SIGNATURE Earl Smith. M.D.
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Obituary, coroner, etc.; must use only standard nomenclature for item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

S.P.

6961 7 NNC
JUN 4 1959

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 

Licensed Embalmer No. 3691

P. O. Address A. Jones

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.