

Health, Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023676
STATE FILE NUMBER

FILED JUN 22 1959

Registration District No. 317

Primary Registration District No. 548

Registrar's No. 1611

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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) OR TOWN Webster Groves		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Glenwood Home & Hospital		Length of stay in lb 95 days	d. STREET ADDRESS (If outside, give location) 234 Forest Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOSEPH LOWTHER WHITTAKER SR			4. DATE OF DEATH Month Day Year 6-12-59
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 20, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) P.O. Employee Ret		10b. KIND OF BUSINESS OR INDUSTRY U.S.P.O.	11. BIRTHPLACE (City and state or country) BETHUNVILLE MO.
13a. FATHER'S NAME ARTHUR WHITTAKER		13b. MOTHER'S MAIDEN NAME Sarah Smith	14. NAME OF HUSBAND OR WIFE Maude C. WHITTAKER
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. Civil Service	17. INFORMANT Address J.L. Whitaker, Jr. ALTON, ILL.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial insufficiency			INTERVAL BETWEEN ONSET AND DEATH 2 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) generalized and cerebral arteriosclerosis			2 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not related to the terminal disease condition given in PART I (a) old cerebrovascular accident, left forearm			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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.)	
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"/>	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 March 8, 1959 to June 12-59 and last saw him alive on June 12, 59 Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas I. [Signature]		22b. ADDRESS 1300 Grant Rd.	22c. DATE SIGNED 6-13-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 6-15-59	23c. NAME OF CEMETERY OR CREMATORY OAK GROVE Cem	23d. LOCATION (City, town, or county) (State) St Louis Co Mo
24. FUNERAL DIRECTOR MITTELBERG, Webster Groves Mo		25. DATE RECD. BY LOCAL REG. 6-15-59	26. REGISTRAR'S SIGNATURE John C. Murphy MD

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Stanley H Dixon*
Licensed Embalmer No. *192*
P. O. Address *K.L.*

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.