RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS MAY 25 1960

60-021683

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5198

DED

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 4142 A. Fairfax — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY

c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location): 4142 A. Fairfax — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First Frank — Middle — Last Whitfield

4. DATE OF DEATH: Month May — Day 14, — Year 1960

5. SEX: Male

6. COLOR OR RACE: Negro

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 8/28/1874

9. AGE (last birthday): 85 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and state or country): Aberdine, Mississippi

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Alan Whitfield

13b. MOTHER'S MAIDEN NAME: Unknown

14. NAME OF HUSBAND OR WIFE: Savanah Whitfield (Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ----------

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Minnie Lee Whitfield — Address: 4142 A. Fairfax

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): Cerebral apoplexy

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): arteriosclerosis. + hypertension

DUE TO (c): 334x

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 4-6-60, to 5-14-60 and last saw her/him alive on 5-14-60

Death occurred at 1:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Eugene D Taylor M.D.

22b. ADDRESS: 3136 Chouteau

22c. DATE SIGNED: 5-16-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 5/18/60

23c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis County, Missouri

24. FUNERAL DIRECTOR: E. B. Koonce — ADDRESS: 1221 North Grand Blvd.

25. DATE RECD. BY LOCAL REG.: MAY 17 1960

26. REGISTRAR'S SIGNATURE: Carl Smith. M.D. MJB

(Licensed Embalmer's Statement on Reverse Side)

x

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Melvin Blackburn

Licensed Embalmer No. 3967

P. O. Address 1221 N. Gr

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.