

**SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**61-035510**  
STATE FILE NUMBER

AMENDED

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 2857

**1. PLACE OF DEATH**  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park Length of stay in 1b 66 yrs.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Hillsboro Road Inside Limits Yes  No   
**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo b. COUNTY St. Louis  
 c. CITY OR TOWN Hillsboro Road Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) Rt 2, High Ridge Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Middle Last CLARENCE ELIAS WHITAKER  
**4. DATE OF DEATH** Month Day Year 10/8/61  
**5. SEX** M **6. COLOR OR RACE** W **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** 3/16/1895 **9. AGE (last birthday)** 66 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) Carpenter **10b. KIND OF BUSINESS OR INDUSTRY** Price Varnish Co. **11. BIRTHPLACE** (City and state or country) Valley Park, Mo. **12. CITIZEN OF WHAT COUNTRY** USA  
**13a. FATHER'S NAME** Jess Whitaker **13b. MOTHER'S MAIDEN NAME** Ada M. Price **14. NAME OF HUSBAND OR WIFE** Blanche Whitaker

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) | (If yes, give war or dates of servic) no  
**17. INFORMANT** Address Blanche Whitaker, Rt2, High Ridge

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE Mo. INTERVAL BETWEEN ONSET AND DEATH 5 yrs  
 DUE TO (b) GENERAL ARTERIOSCLEROSIS 10 yrs  
 DUE TO (c) \_\_\_\_\_  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY EMPHYSEMA  
 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** March 6, 1956 to October 8, 1961 and last saw him alive on October 6, 1961  
 Death occurred at about 6:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) David Drake Kerr, M.D. **22b. ADDRESS** 950 Franco Pl, Clayton, Mo **22c. DATE SIGNED** 10/9/61  
**23a. BURIAL, CREMATION, REMOVAL (Specify)** Burial **23b. DATE** 10/11/61 **23c. NAME OF CEMETERY OR CREMATORY** Burns Cemetery, **23d. LOCATION** (City, town, or county) (State) Hi#66, St. Louis Co., Mo.

**24. FUNERAL DIRECTOR** ADDRESS Schrader Funeral Home, Ballwin, Mo. **25. DATE RECD. BY LOCAL REG.** 10-9-61 **26. REGISTRAR'S SIGNATURE** J. C. Munfey, M.D.

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

**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 Richard Bopp

Licensed Embalmer No. 4584

P. O. Address Ballerwin, Md.

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.