

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **24831**  
**6634**

FILED AUG 6 1948

Registration District No. **318**

Primary Registration District No. **1005**

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Nil  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Pacific Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
In this community 8 days  
years, months or days)

3. (a) PRINT FULL NAME

LEON BURTEN WHITAKER

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Annie M. Whitaker  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased May 26 1875  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 0 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Helena Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Locomotive Engineer - Retired

11. Industry or business Terminal Railroad Ass'n

12. Name Aquilla Whitaker

13. Birthplace Unknown Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Adveline C. Raab Tennessee  
15. Birthplace Raleigh Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie M. Whitaker

(b) Address 638 Bonita Ave., Webster Groves, MO

(c) Burial (b) Date thereof 7 29 '48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter & Paul Cemetery

18. (a) Signature of funeral director Mittelberg

(b) Address Webster Groves, 19, Mo.

19. (a) JUL 28 1948 (Date received local registrar)  
J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Webster Groves, 19,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 638 Bonita Ave.,  
N.R. (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26  
year 1948 hour 10 minute 45 P. M.

21. I hereby certify that I attended the deceased from July 19 1948, to July 26 1948,  
that I last saw him 11 M. alive on July 26 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis of Abdominal aorta Duration 8 hours

Due to Generalized arteriosclerosis - Hypertension

Due to arteriosclerosis of lower extremities Severe

Other conditions Hypochlorhydria 12 months  
(Include pregnancy within 3 months of death)

Major findings: 99 PHYSICIAN

Of operations \_\_\_\_\_ Underline the cause to which death should be charged statistically.  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury fall

23. Signature Arthur Boyd (M. D. or other) \_\_\_\_\_  
Address Webster Groves, Mo. Date signed 7-27-48

**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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed *J. Allen Davis Jr*  
Licensed Embalmer No. *4063*  
P. O. Address *St. Louis Mo.*

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