

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6814

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1429

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 6814		Registrar's No. 1429	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
b. CITY OR TOWN St. Louis				c. LENGTH OF STAY (In this place)		a. STATE No.		b. COUNTY No. 003	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				c. CITY OR TOWN St. Louis		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1219 So. 3rd St.	
3. NAME OF DECEASED (Type or Print) ELIZABETH				a. (First)		b. (Middle) WHITTY		c. (Last)	
4. DATE OF DEATH Feb. 13 1949				7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Aug. 7, 1874		9. AGE (In years last birthday) 74	
5. SEX Female		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ireland 4	
13a. FATHER'S NAME Michael Daly			13b. MOTHER'S MAIDEN NAME Mary Garaghy			14. NAME OF HUSBAND OR WIFE Late John Whitty			12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Mrs. B. Marie Hill					ADDRESS Conway & Lindbergh St. Louis Co. Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Aortic Aneurysm DUE TO (c) 9/10 0 2 2 X					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 3:40 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Patrick E Taylor Coroner				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 2-14-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 15, 1949		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			
DATE RECORDED FEB 14 1949		REGISTRAR'S SIGNATURE L. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser Mortuary		ADDRESS 4228 S. Kings highway Bl.			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

22

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
Student Embalmer

Signed Richard W. Stovessand

Licensed Embalmer No. 4007

P. O. Address.....

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.