

No. 300
10.48

FILED MAY 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17802

State File No. 4147

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>D</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mass.</u> b. COUNTY <u>999</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u> c. LENGTH OF STAY (In this place) <u>9</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Worcester</u> <u>19</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3641 Oakley St</u>		d. STREET ADDRESS (If rural, give location) <u># 5 Rexhame Road</u> <u>2</u>	
3. NAME OF DECEASED a. (First) <u>F. Burton</u> b. (Middle) <u>Whitman</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 8, 1949</u>
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>M.</u>	8. DATE OF BIRTH <u>June 20, 1886</u>
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>News Reporter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Boston Herald</u>	11. BIRTHPLACE (State or foreign country) <u>Mass.</u>
12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <u>Fred A. Whitman</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Alice Whitman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Alice Whitman, # 5 Rexhame Rd.,</u>		ADDRESS <u>Worcester, Mass.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION <u>Worcester, Mass.</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage not febrile</u> <u>stroke ad. (mass.)</u> ANTECEDENT CAUSES <u>Myocardial conditions if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension & Atherosclerosis.</u> DUE TO (c) <u>None.</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u>		?	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION: <u>None</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>82a</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>no</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>no.</u>		<u>331X</u>	
22. I hereby certify that I attended the deceased from <u>5-8</u> 19 <u>49</u> , to <u>5-8</u> , 19 <u>47</u> , that I last saw the deceased alive on <u>5-8</u> , 19 <u>49</u> , and that death occurred at <u>7:15 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>John J. Hammond M.D.</u>		23b. ADDRESS <u>634 N. Grand</u>	
23c. DATE SIGNED <u>5/9/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>May 9, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Boston, Mass.</u>		24d. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR'S SIGNATURE <u>May 9 1949</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u> ADDRESS <u>3840 Lindell Blvd.</u>	

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

M.R.

St. John's Hospital
10:30 am

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.

Signed William Matre

Signed _____
Student Embalmer

Licensed Embalmer No. 2825

P. O. Address 9340 Lafayette

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.