

FILED DEC 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39429

State File No. _____

#51094

REG. DIST. NO. _____

318

PRIMARY REG. DIST. NO. _____

1003

Registrar's No. 16243

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unknown	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1.			
3. NAME OF DECEASED a. (First) FRANK		b. (Middle) WHARTON	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Nov. 21st, 1949	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Sept. 1897
9. AGE (in years last birthday) 52		10. KIND OF BUSINESS, OR INDUSTRY Salesman	11. BIRTHPLACE (State or foreign country) Chicago, Illinois.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Mashick Wharton		13b. MOTHER'S MAIDEN NAME Rachael Lovell	
14. NAME OF HUSBAND OR WIFE Sylvia Wharton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Max F. Wharton, 414 1st Ave., Dallas, Texas.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laennec's cirrhosis of Liver DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) 124	
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? 59/1	
22. I hereby certify that I attended the deceased from 11/8/49, 19, to 11/21/49, 19, that I last saw the deceased alive on 11/21/49, 19, and that death occurred at 9:00 AM., from the causes and on the date stated above.			
23a. SIGNATURE John R. Beem (Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 11/21/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-27-49	24c. NAME OF CEMETERY OR CREMATORY Memphis, Tenn.	
24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 28 1949		REGISTRAR'S SIGNATURE J. B. Slaughter	
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.		ADDRESS	

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

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 Oliver T. Padwell

Licensed Embalmer No. 4577

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.