

JAN. 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318 1003

State File No. 43071
Registrar's No. 11065

BIRTH NO. #105517 REG. DIST. NO. PRIMARY REG. DIST. NO. REGISTRAR'S NO.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5740 Cabanne	
d. FULL NAME OF HOSPITAL OR INSTITUTION .Louis City Hospital #1.			
3. NAME OF DECEASED (Type or Print) a. (First) JEPHTHA		b. (Middle) WHITTAKER	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) December 23rd, 1949	
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 1882
9. AGE (in years last birthday) 67		IF UNDER 1 YEAR Months Days	
IF UNDER 1 YEAR Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Savannah, Tennessee	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elisha Whittaker	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary	
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.	
17. INFORMANT'S SIGNATURE OR NAME McLaughlin Funeral Home		ADDRESS 2301 Lafayette St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Asthma *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Intercerebral Heart Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND 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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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 11/16/49, 19 to 12/23/49, 19, that I last saw the deceased alive on 12/23/49, and that death occurred at 5:45am., from the causes and on the date stated above.			
23a. SIGNATURE: Joseph B. Reldan MD (Degree or title)		23b. ADDRESS 1515 Lafayette Ave.,	
23c. DATE SIGNED 12/23/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-24-49	
24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Sheffield, Alabama	
DATE REC'D BY LOCAL REG. DEC. 24 1949		REGISTRAR'S SIGNATURE J. B. Lasater	
25. FUNERAL DIRECTOR'S SIGNATURE A.W. McLaughlin		ADDRESS 2301 Lafayette Ave.	

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 C. W. Cooper

Licensed Embalmer No. 3830

P. O. Address 2301 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.