

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28791

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6826**

1336
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY		
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN <i>Dr. Lewis Mo.</i>		c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>2009</i>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF DECEASED (Type or Print) <i>Thomas D. Whitterberg</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>7 28 50</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH	9. AGE (In years, months, days, hours, minutes) <i>37 yrs</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Illinois</i>		
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Year or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>T. E. Jay 1300 Clark</i>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				
		ANTECEDENT CAUSES				
		<p>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <i>Edema of Lungs</i></p> <p>DUE TO (c) <i>2 Pulmonary Congestion</i></p>				
II. OTHER SIGNIFICANT CONDITIONS		<p>Conditions contributing to the death but not related to the disease or condition causing death.</p>				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>582X</i>		
22. I hereby certify that I attended the deceased from _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.						
23a. SIGNATURE <i>Deputy Coroner</i>		23b. ADDRESS <i>1300 Clark</i>		23c. DATE SIGNED <i>8/7/50</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8 AUG 11 1950</i>		24c. NAME OF CEMETERY OR BURIAL PLACE <i>Anatomical</i>		
24d. LOCATION (City, town, or county) (State)		25. FULL NAME AND ADDRESS OF SERVICE ORGANIZATION <i>4104 Manchester Ave. St. Louis 10, Mo.</i>				
DATE REC'D BY LOCAL REG. <i>AUG 11 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Casater</i>		25. FULL NAME AND ADDRESS OF SERVICE ORGANIZATION		

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
at College of Mortuary Science
working under my personal supervision. Student Embalmer No.....

Signed.....
Student Embalmer

Signed Ralph W. Hanson

Licensed Embalmer No. 3791

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.