

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

318

1003

State File No. 35456
8875

| | | | | | | | |
|---|--|--|---|--|--|---|--|
| BIRTH NO. _____ | | 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 <u>Missouri</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u> | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 223 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Incarnite Word Hosp.</u> | | | | e. STREET ADDRESS (If rural, give location) <u>1725 Lafayette</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Audie</u> b. (Middle) <u>Emma</u> c. (Last) <u>Whaley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1950</u> | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>Dec. 15, 1892</u> | |
| 9. AGE (In years last birthday) <u>57</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lawyer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>SALES INDUSTRY</u> | | 11. BIRTHPLACE (State or foreign country) <u>Arkansas</u> | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME <u>W. P. Smith</u> | | 13b. MOTHER'S MAIDEN NAME <u>S. R. Lady</u> | | 14. NAME OF HUSBAND OR WIFE <u>Albert Whaley</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>Ass. 551</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Whaley 1725 Lafayette</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 day</u> <u>10 yrs</u> <u>10 yrs</u> | |
| 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) (m.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>321X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 1, 1945</u> , to <u>Oct 16, 1950</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6a.m.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>D. M. Freed MD</u> | | | | 23b. ADDRESS <u>1703 S. Grand</u> | | 23c. DATE SIGNED <u>10/19/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>10-21-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Ridge, Ark.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Walnut Ridge, Ark</u> | |
| DATE REC'D BY LOCAL REG. <u>OCT 20 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Parater</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Southern Funeral Home 6322 S. Grand Blvd.</u> | | | |

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

Mr M M Freund
11 to 12³⁰
1703 S Grand
St 1588.

7 to 8 wed.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

David The Tossan

Signed.....
Student Embalmer

Licensed Embalmer No. *4242*

P. O. Address *6322 So Grand*

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.