

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18734

State File No.

5210

FILED JUN 15 1951

318

1003

Registrar's No.

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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Infirmary		f. STREET ADDRESS (If rural, give location) 4554 Aldine Ave 0	
3. NAME OF DECEASED (Type or Print) a. (First) Chester b. (Middle) Joseph Townsend c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) 6 5 1951
5. SEX Male 2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH Aug 22, 1946
9. AGE (In years last birthday) 4 yrs		10. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Chester Joseph White		13b. MOTHER'S MAIDEN NAME Eleanor Thompson	
14. NAME OF HUSBAND OR WIFE None		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. None		17. INFORMANT'S SIGNATURE OR NAME Chester Joseph White	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		17. ADDRESS 4554 Aldine Ave	
18. CAUSE OF DEATH (continued)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		Bilateral ATELECTASIS lungs	
ANTECEDENT CAUSES		DUE TO (b) Post operative Appendectomy n	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		INTERVAL BETWEEN ONSET AND DEATH 24 hrs.	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 6/4/51		19b. MAJOR FINDINGS OF OPERATION Acute dilatation Stomach - Splenohepatomegaly	
20. AUTOPSY? YES <input 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 5500			
22. I hereby certify that I attended the deceased from June 4, 1951 to June 5, 1951, that I last saw the deceased alive on June 5, 1951, and that death occurred at 4:50 m., from the causes and on the date stated above.			
23a. SIGNATURE William S. Seibler M.D.		23b. ADDRESS 4503 Page Blvd	
23c. DATE SIGNED 6/5/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/7/51	
24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. JUN 6 1951		REGISTRAR'S SIGNATURE J. B. Lanier	
25. FUNERAL DIRECTOR'S SIGNATURE C.W. Roberts		ADDRESS 1416 N. Taylor Ave.	

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.....

Fulton E. Culkin

Signed.....
Student Embalmer

Licensed Embalmer No. *4198*

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.