

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22923**

**JUL 5 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **1614**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Clayton, Missouri</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bridgeton 4080</b>	
c. LENGTH OF STAY (in this place) <b>DOA</b>		d. STREET ADDRESS (If rural, give location) <b>RURAL /</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Enroute St. Louis County</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Clyde</b> b. (Middle) <b>W</b> c. (Last) <b>Whitmore</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1952</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov 20 1908</b>
9. AGE (in years last birthday) <b>43</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Machinist</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Automotive</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Unknown Whitmore</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Geneva Whitmore</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b> (If yes, give war or dates of service) <b>Peace time</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Geneva Whitmore, Bridgeton, Mo.</b> ADDRESS _____	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>unknown natural causes</b>		INTERVAL BETWEEN ONSET AND DEATH <b>unk</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		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? <b>7955</b> 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) (Min.)		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 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 <b>Herbert R. Domke</b> (Degree or title) <b>Local Registrar</b>		23b. ADDRESS <b>651 S. Brentwood, Clayton</b>		23c. DATE SIGNED <b>6-19-52</b>	
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		24b. DATE <b>6-16-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>BERRYVILLE, ARKANSAS</b>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b> ADDRESS <b>4700 Washington</b>			
DATE REC'D BY LOCAL REG <b>6-16-52</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Domke MD</b>			

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

4080

Should read Clayton, Mo. Whitmore instead of Clay, Whitmore

MS  
MAY 1 1941

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.....

*John S. Dennis*  
Licensed Embalmer No. 4194  
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.

The Division of Health of Missouri  
BUREAU OF VITAL STATISTICS

22923-52  
State File No. ....

State of MISSOURI }  
County of St Louis } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 1614

On this 18<sup>th</sup> day of May, 1961, before me appears

Geneva Garrett, who, upon her oath, states that the original record of birth death

for Clyde Whitmore, born June 15<sup>th</sup>, 1952, in the State of

Missouri, and which was filed at Jefferson City, Missouri on July 5<sup>th</sup>, 1952, should be corrected as follows:

Item No. 3 should read Clyde W. Whitmore

Instead of Clyde Whitmore.

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Geneva Garrett wife Relationship

3531 Adie Rd. 57 Ann Mo Present Address.

Subscribed and sworn to before me this 18<sup>th</sup> day of May, 1961

My Commission expires SEPT. 9, 1961

Maurice Frankel Notary Public.

