

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40861**  
Registrar's No. **10308**

FILED DEC 2 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>ILLINOIS</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>GRANITE CITY</b>	
c. LENGTH OF STAY (in this place) <b>60 DAYS</b>		8129	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>DEPAUL HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>1257 NIEDRINGHAUS</b>	

3. NAME OF DECEASED a. (First) <b>WILLIAM</b> b. (Middle) <b>A</b> c. (Last) <b>WHITTAKER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV 7 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>JAN 31-1886</b>		9. AGE (In years last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ACCOUNTANT</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>STEEL</b>		11. BIRTHPLACE (State or foreign country) <b>AVISTON ILLINOIS</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>					

13a. FATHER'S NAME <b>W. CYRUS WHITTAKER</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA BOSLEY</b>		14. NAME OF HUSBAND OR WIFE <b>RUTH WHITTAKER</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>333-03-7240</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lloyd Whittaker</b> ADDRESS <b>1257 N. Niedringhaus Granite City, Mo</b>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Urinary Bladder Embolism (pulmonary)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mos</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 <b>Carcinoma of Urinary Bladder</b>		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>181X</b>	

22. I hereby certify that I attended the deceased from **10-10-52** to **11-7-52**, that I last saw the deceased alive on **11-7-52**, and that death occurred at **11 am**, from the causes and on the date stated above.

23a. SIGNATURE (Doctor or title) <b>Louise Derard M.D.</b>		23b. ADDRESS <b>812 Olive St. St. Louis</b>		23c. DATE SIGNED <b>11-8-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>11-7-1952</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ST. JOHNS</b>	
24d. LOCATION (City, town, or county) (State) <b>GRANITE CITY ILLINOIS</b>					

DATE REC'D BY LOCAL REG. <b>NOV 10 1952</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Mc Leonard Davis</b> ADDRESS <b>2060 Cleveland</b>	
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**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.

*not embalmed*  
Signed *Phillip H. Ogden*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. *Ill. 7091*

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.