

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

45626

FILED JAN 20 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 12178

1. PLACE OF DEATH a. COUNTY <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis Co.</u>			
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (In this place) <u>D.O.A.</u>		c. CITY OR TOWN <u>St. Louis Co., (15)</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>10516 Bellefontaine Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Paul</u>		b. (Middle) <u>O.</u>		c. (Last) <u>Whittle</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 25 - 1953</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 22, 1893</u>	
9. AGE (In years last birthday) <u>60</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Faceville, Georgia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. BELLEFONTAINE METH. CHURCH		10b. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME <u>Henry Whittle</u>		13b. MOTHER'S MAIDEN NAME <u>Claudia Cash</u>	
13c. 1st W.W.		13d. Unknown		14. NAME OF HUSBAND OR WIFE <u>Mrs. Margie Whittle</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u>	
15. SOCIAL SECURITY NO. <u>1st W.W.</u>		16. INFORMANT'S SIGNATURE OR NAME <u>Margie Whittle</u>		17. ADDRESS <u>10516 Bellefontaine Rd.</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	
MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u>				<u>1 hour</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>Coronary arteriosclerosis</u> <u>4 years</u>			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Hypertensive cardiovascular renal disease</u> <u>7-8 years</u>			
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? 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) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>4201</u>		22. I hereby certify that I attended the deceased from _____, 19 <u>46</u> , to <u>12-25</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>12-25</u> , 19 <u>53</u> , and that death occurred at <u>1:15A</u> m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) <u>Kathleen Wilson M.D.</u>		23b. ADDRESS <u>4952 Maryland Ave</u>	
23c. DATE SIGNED <u>12-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>12-28-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>		DATE REC'D BY LOCAL REG. <u>DEC 28 1953</u>		REGISTRAR'S SIGNATURE <u>J. Cash Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Meth. Hermann & Son Inc. 2161 E. Fair Ave.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
Glen W. Kay

Licensed Embalmer No. 3.....

P. O. Address St. Louis.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.