

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

10521

State File No. ....

2460

1003

Registrar's No. ....

BIRTH NO. ....

**FILED MAR 19 1954**

REG. DIST. NO. ....

318

PRIMARY REG. DIST. 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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		d. STREET ADDRESS (If rural, give location) <b>21 2314 A. Franklin Avenue</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Adolph</b>		b. (Middle) <b>Whorton</b>	
c. (Last) <b>Whorton</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 13 54</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1-8-1891</b>
9. AGE (In years last birthday) <b>63</b>		IF UNDER 1 YEAR Months <b>2</b> Days <b>5</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Porter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Congress Hotel</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Adolph Whorton</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Minnie Whorton</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b></b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Minnie Whorton</b>		ADDRESS <b>2314 A. Franklin Ave</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean mode of dying, such as strangulation, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterioclerosis heart disease.</b>	
PRECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>X</b> DUE TO (c) <b>X</b>		INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>			
19a. DATE OF OPERATION <b>3/16/54</b>		19b. MAJOR FINDINGS OF OPERATION <b>X</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>X</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>	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? <b>4200</b>	
22. I hereby certify that I attended the deceased from <b>March 10</b> , 19 <b>54</b> , to <b>12th</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>12th</b> , 19 <b>54</b> , and that death occurred at <b>1:55 P. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Alva Moore</b>		23b. ADDRESS (Degree or title) <b>M.D. 4501a Easton Avenue</b>	
23c. DATE SIGNED <b>3/16/54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-18-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Missouri</b>
DATE REC'D BY LOCAL REG. <b>MAR 17 1954</b>	REGISTRAR'S SIGNATURE <b>J. Cash Smith MO</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ellis Funeral Home, 2820 Stoddard St.</b>	

**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 \_\_\_\_\_

*Fulton E. Culkin*

Licensed Embalmer No. \_\_\_\_\_

*498*

P. O. Address \_\_\_\_\_

*Shawnee, 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.