

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14252

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3222	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 20 yrs		c. CITY OR TOWN St. Louis		d. Is Residence within limits of city incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Enroute to Homer Phillips Hos.				e. STREET ADDRESS (If rural, give location) 3026 Lawton Blvd, 2219			
3. NAME OF DECEASED (Type or Print) a. (First) Arline (Orline) b. (Middle) Scott c. (Last) Whitsett			4. DATE OF DEATH (Month) (Day) (Year) Apr, 11, 1954.				
5. SEX Female 3	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 25, 1917		9. AGE (In years last birthday) 30	IF UNDER 1 YEAR (Months) 9	IF UNDER 2 WKS. (Days) 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Packer		10b. KIND OF BUSINESS OR INDUSTRY Lockhart, 8Co.		11. BIRTHPLACE (City and State or Foreign Country) Meridian, Miss.		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME Hugh Windom		13b. MOTHER'S MAIDEN NAME Etter Rush		14. NAME OF HUSBAND OR WIFE Leroy Whitsett			
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. 500-16-4423		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Etter Cotledge 3026 Lawton Blvd.			
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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH						
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	1. Hemothorax left side; 2. Fracture of Skull; suffered when car operated by						
ANTECEDENT CAUSES	DUE TO (b) Leroy Whitsett in which deceased was a passenger went out of control on						
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) McKinley Bridge about 8:03 A.M., April 11, 1954.						
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) HOMICIDE - Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) See Above		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4-11-54 8:03A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? See Above			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on April 11, 1954 and that death occurred at 8:03A.M., from the causes and on the date stated above.							
23a. SIGNATURE J. C. Smith (Doctor or title)				23b. ADDRESS 1308 Clark		23c. DATE SIGNED 4/14/54	
24. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 15, 1954	24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.		
DATE REC'D BY LOCAL REG. APR 14 1954		REGISTRAR'S SIGNATURE J. C. Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wright Funeral Home 3100 Easton Ave.			

(Licensed Embalmer's Statement on Reverse Side)

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

