

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No. 2200

No. 300
10-48

60w
Fendler
FILED SEP 28 1954

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541

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

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS COUNTY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>CLAYTON</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hosp</u>		STREET ADDRESS (If rural, give location) <u>8421 TENNESSEE</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u> b. (Middle) <u>Whittaker</u> c. (Last) <u>Whittaker</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1954</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>SEPT. 21-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRAIN INSPECTOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>RAILROAD</u>	9. AGE (in years last birthday) <u>69</u> <input type="checkbox"/> UNDER 1 YEAR <u>11</u> MONTHS <u>14</u> DAYS <input type="checkbox"/> UNDER 24 HRS. <u>14</u> HOURS <u>14</u> MIN.
11a. FATHER'S NAME <u>FRANK WHITTAKER</u>		11b. MOTHER'S MAIDEN NAME <u>ANELIA BOLAN</u>	
11c. NAME OF HUSBAND OR WIFE <u>PAULINE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13. SOCIAL SECURITY NO. <u>494052123</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <u>Pauline Whittaker</u> ADDRESS <u>8421 Tennessee</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage, old & new</u> INTERVAL BETWEEN ONSET AND DEATH <u>4 days, 15 min</u> 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? 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) <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 <u>9-11-1954</u> to <u>9-15-1954</u> , that I last saw the deceased alive on <u>9-15-1954</u> , and that death occurred at <u>7:25 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Carper Day, M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood, Clayton</u>	23c. DATE SIGNED <u>9-16-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>9-18-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ZION</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>
DATE REC'D BY LOCAL REG. <u>9-17-54</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Dombke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Edward Fendler</u> ADDRESS <u>5611 So Grand</u>	

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 *Bill C. Hansen*

Licensed Embalmer No. *496*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.