

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32354 Registrar's No. 10244

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY b. CITY OR TOWN St. Louis c. LENGTH OF STAY d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips Hospital

2. USUAL RESIDENCE a. STATE Missouri b. COUNTY c. CITY OR TOWN St. Louis d. IN RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes No

3. NAME OF DECEASED a. (First) Arthur b. (Middle) Whiting c. (Last) 4. DATE OF DEATH (Month) 11 (Day) 7 (Year) 54

5. SEX Male 6. COLOR OR RACE Col. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 8. DATE OF BIRTH 12/2/1904 9. AGE (In years last birthday) 60

10a. USUAL OCCUPATION 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Chicago, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes 1914-1934 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Bertha Coleman ADDRESS 3221 Bell

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertension Benign Cerebrovascular Embolism

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO []

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK [] NOT WHILE AT WORK [] 21f. HOW DID INJURY OCCUR 321X

22. I hereby certify that I attended the deceased from 10-29, 1954, to 11-6, 1954, that I last saw the deceased alive on 11-6, 1954, and that death occurred at 6:05A m., from the causes and on the date stated above.

23a. SIGNATURE N. J. Erwin (Degree or title) M.D. 23b. ADDRESS 2601 N. Whittier 23c. DATE SIGNED 11-10-54

24a. BURIAL, CREMATION, REMOVAL REMOVAL 24b. DATE 11-12-54 24c. NAME OF CEMETERY OR CREMATORY Jefferson Barracks 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo

DATE REC'D BY LOCAL REG. NOV 12 1954 REGISTRAR'S SIGNATURE J. Earl Smith, M.D. 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Peoples Undertaking Co. 3100 Frank-

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

Handwritten notes: This does not mean mode of dying, such as heart failure, asthma, etc. means the direct cause or complication which caused death.

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 Mr. Claude Gordon, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Mr. Claude Gordon

Licensed Embalmer No. 34

P. O. Address 4575 Al

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.