

FILED JUN 20 1955

STANDARD CERTIFICATE OF DEATH

State File No. 20496
Registrar's No. 4780

BIRTH NO. 40202-55 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH
a. COUNTY

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St. Louis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE
b. COUNTY

c. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN St. Louis

d. FULL NAME OF HOSPITAL OR INSTITUTION
Homer G. Phillips

d. STREET ADDRESS (If rural, give location)
6 4854 Labadie

3. NAME OF DECEASED (Type or Print)
a. (First) Baby
b. (Middle)
c. (Last) Whittier

4. DATE OF DEATH (Month) (Day) (Year)
5 24 55

5. SEX Fem.
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH 5-23-55

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
22 144

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME Samaria Whittier

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Walter M. Suerd 2601 N. Whittier

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth, Neonatal Death

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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 1730

22. I hereby certify that I attended the deceased from 5-23, 1955, to 5-24, 1955, that I last saw the deceased alive on 5-24, 1955, and that death occurred at 11:15 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William H. Sunkler M.D.

23b. ADDRESS 2601 N. Whittier

23c. DATE SIGNED 5-25-55

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 6-30-55

24c. NAME OF CEMETERY OR CREMATORY Anatomical Board

24d. LOCATION (City, town, or county) (State) St. Louis, Mo.

DATE REC'D BY LOCAL REG. JUN 1 1955 REGISTRAR'S SIGNATURE J. Carl Smith

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Rowland-Aker Mortuary

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED-EMBALMER** in his **OWN HANDWRITING.** (Failure to do so on the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.