

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39032

State File No.

Registrar's No.

XC-1 179 921
Reg. 12290 SL-7880
FILED DEC 2 1955

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE ILLINOIS b. COUNTY ST. CLAIR	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. CITY OR TOWN EAST ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 8 days		e. STREET ADDRESS (If rural, give location) 8 NORTH 17TH STREET 81208	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) LEWIS b. (Middle) - c. (Last) WHITEHEAD		4. DATE OF DEATH (Month) (Day) (Year) 11-17-55	
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-25-90
9. AGE (In years last birthday) 64		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Molder	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON COUNTY, ARKANSAS
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ALEX WHITEHEAD		13b. MOTHER'S MAIDEN NAME ANNA WALLACE	14. NAME OF HUSBAND OR WIFE JOE MAE WHITEHEAD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-I		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA Hosp. Records, 915 N. Grand, St. Louis, Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMATOSIS INTERVAL BETWEEN ONSET AND DEATH 5 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARCINOMA OF HEAD OF PANCREAS 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)
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?
22. I hereby certify that ^{VA} attended the deceased from 11-9-55, 19, to 11-17-55, 19, and that death occurred at 9:30 a.m., from the causes and on the date stated above.			
23a. SIGNATURE J. T. Kaminski (Degree or title)		23b. ADDRESS VA Hospital 915 N. Grand, St. Louis, Mo.	23c. DATE SIGNED 11-17-55
24a. BURIAL, CREMATION, REMOVAL (Specify) Nov. 22, 1955		24b. DATE Nov. 22, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery
24d. LOCATION (City, town, or county) (State) Jefferson Bks, Missouri		24e. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Marriott's Office, 2114 Missouri Ave St. Louis, Mo.	
DATE REC'D BY LOCAL REG. NOV 19 1955		REGISTRAR'S SIGNATURE J. Carl Smith M.D. (Licensed Embalmer's Statement on Reverse Side)	

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

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 *Ben H. Baldwin*

Licensed Embalmer No. *242*

P. O. Address *721 N. 26*

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.