

STANDARD CERTIFICATE OF DEATH

26693

FILED JUL 26 1957

STATE FILE NUMBER  
5735

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>2348a Spruce St.</b>		Length of stay in lb <b>22 1/2</b> STREET, ADDRESS <b>2348a Spruce St.</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>Whitfield</b> Last <b>Whitfield</b>		4. DATE OF DEATH Month <b>June</b> Day <b>15</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>10-15-1922</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sewer Dept.</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13. FATHER'S NAME <b>Bragg Whitfield</b>		14. MOTHER'S MAIDEN NAME <b>Elsie Johnson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>yes</b> (If yes, give war or dates of service) <b>Navy</b>		16. SOCIAL SECURITY NO. <b>497-16-9524</b>	17. INFORMANT Address <b>Bragg Whitfield 2348a Spruce St.</b>
18. CAUSE OF DEATH [Enter only one cause by line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE <b>Subcutaneous Embolism (cause unknown)</b> <b>Laceration of Toes on right foot.</b> DUE TO (a) <b>9369</b> DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <b>47</b>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>Accident</b>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <b>Time and Manner of cause could not be determined</b>	
20c. TIME OF INJURY Hour <b>10:00</b> Month <b>June</b> Day <b>15</b> Year <b>1957</b> a. m. <b>p. m.</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21: I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>538 A. m on the date stated above; and to the best of my knowledge, from the causes stated.</b>			
22a. SIGNATURE (Degree or title) <b>Patrick P. Taylor Coroner</b>		22b. ADDRESS <b>1300 Clark</b>	
22c. DATE SIGNED <b>6-18-57</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>6-21-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Jefferson Barracks, Mo.</b>
24. FUNERAL DIRECTOR ADDRESS <b>Atkins Bros. 3644 Finney Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>JUN 19 '57</b>	26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *John K Cunningham*

Licensed Embalmer No. 447

P. O. Address 2405 Marcus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.