URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 8 1960

[redacted]

STATE FILE NUMBER 60-009067

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2190

1. PLACE OF DEATH
a. COUNTY [redacted]
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 49 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 5955 Waterman Ave — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY:
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5955 Waterman Ave — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ida — Middle: Louise — Last: Whitmer

4. DATE OF DEATH: Month February — Day 23 — Year 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/6/1887
9. AGE (last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Gustavus A. Whitmer
13b. MOTHER'S MAIDEN NAME: Louise Suess
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Adele Whitmer — Address: 5955 Waterman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asiatic Influenza — INTERVAL BETWEEN ONSET AND DEATH: 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): " " (48 hours)
DUE TO (c): 481+

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 1956 Jan to 1960 Feb and last saw her/him alive on Feb 23/1960
Death occurred at 7 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Frank L. Davis M.D. (Degree or title)
22b. ADDRESS: 6123 Westminster Pl.
22c. DATE SIGNED: 2/23/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Feb. 25, 1960
23c. NAME OF CEMETERY OR CREMATORY: Hiram Park Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis Co., Missouri

24. FUNERAL DIRECTOR: Alexander & Sons — ADDRESS: 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG.: FEB 25 1960
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D. MPB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT — BY AFFIDAVIT OF

Dr.Davis

6123 Westminster

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Jos. E McCullo

Licensed Embalmer No. 256

P. O. Address 6175 D

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