SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-027934

STATE FILE NUMBER

ATMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED JUL 19 1961

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1905

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Valley Park, Missouri.
Length of stay in 1b: 4 mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Valley Park Nursing Home
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Valley Park
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 332 Benton Avenue.,
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Middle Last: Emory Russell Whitman a/k as Russell Williams,

4. DATE OF DEATH Month Day Year: July 8, 1961

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7/28/1902
9. AGE (last birthday): 58
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): Maintanence Man
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate Company
11. BIRTHPLACE (City and state or country): Evansville, Indiana.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Wesley E. Whitman
13b. MOTHER'S MAIDEN NAME: Hattie L. Williams
14. NAME OF HUSBAND OR WIFE: Lizzie Whitman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT: James A. Whitman, 603 Ponce DeLeon Blvd., Belleair, Florida.

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): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
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 May 1961 to and last saw him alive on 7-7-61
Death occurred at 12:15 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: John W. Doake M.D. (Degree or title)
22b. ADDRESS: 740 S. 4th St. Louis
22c. DATE SIGNED: 7-10-61

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 7/9/61
23c. NAME OF CEMETERY OR CREMATORY: Local
23d. LOCATION (City, town, or county) (State): Steele, Missouri.

24. FUNERAL DIRECTOR ADDRESS: Albert H. Hoppe, Inc., 4700 Washington, Blvd.,
25. DATE RECD. BY LOCAL REG.: 7-8-61
26. REGISTRAR'S SIGNATURE: John C. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

APR 6 1962

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 Melvin L. Kemper

Licensed Embalmer No. 4052

P. O. Address 4911 Wash
St Louis Mo

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.