

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017388

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4254

DO NOT WRITE ON THIS STUB

AMENDED

**FILED MAY 10 1962**

VS 300  
Rev. 4/59

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DATE AMENDED 9-29

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY

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

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis Length of stay in 1b

c. CITY OR TOWN St Louis Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOMER PHILLIPS Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 4730 Northland Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last William Whitlow

4. DATE OF DEATH Month Day Year April 23 1962

5. SEX MALE 6. COLOR OR RACE NEGRO 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH FEB 25 1906 9. AGE (last birthday) 56 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) LABORER 10b. KIND OF BUSINESS OR INDUSTRY ARKANSAS 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME JOE WHITLOW 13b. MOTHER'S MAIDEN NAME VIOLA MORTON 14. NAME OF HUSBAND OR WIFE NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. 17. INFORMANT Address ODIE RUTHER for D 5206 PAGE

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hemorrhage from acute Hemorrhagic gastritis; Pulmonary abscess of the right lung. 543X

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gastritis; Pulmonary abscess of the right lung. 543X

DUE TO (c) right lung. 543X

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_.

Death occurred at 7<sup>15</sup> A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Paul J. Simon Deputy Coroner 22b. ADDRESS 1300 Clark 22c. DATE SIGNED 4/25/62

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 23b. DATE 4-27-62 23c. NAME OF CEMETERY OR CREMATORY OAKDALE 23d. LOCATION (City, town, or county) (State) LEMAY MO

24. FUNERAL DIRECTOR RELIABLE ADDRESS 1389 UNION 25. DATE RECD. BY LOCAL REG. APR 25 1962 26. REGISTRAR'S SIGNATURE Boad Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

**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 Glarence Craomo

Licensed Embalmer No. 4755

P. O. Address 1389 Union

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.