

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-022400

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 5543

STATE FILE NUMBER

FILED JUN 3 1963

VS 300 Rev. 4/59
1
2 9/18
3
4 0
5 3
6
7 1
8 2
9
10
11
12 61-0
13
61

DATE AMENDED
INSTEAD OF
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
ITEM NO. SHOULD READ

Divided & inspected Part 7-13 BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY City of St. Louis		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) St. Louis		Length of stay in 1b 12 Yrs.		c. CITY OR TOWN St. Louis, Mo.	
c. FULL NAME OF (If NOT in hospital, give location) Firmin Desloge Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (if outside, give location) 4152^a Chouteau Ave	
3. NAME OF DECEASED (Type or print) First DAVID Middle Wesley Last Whitaker		4. DATE OF DEATH Month May Day 23 Year 63			
5. SEX Male	6. COLOR OR RACE White	7. MARRIAGE STATUS Divorced	8. DATE OF BIRTH 3-29-97	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and state or country) Mississippi Tenn.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Whitaker, James		13b. MOTHER'S MAIDEN NAME Ward Sissie, Elizabeth	
14. NAME OF HUSBAND OR WIFE John Whitaker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) Yes		16. SOCIAL SECURITY NO. Unk.	
17. INFORMANT John Whitaker		Address 4152a Chouteau, St. Louis, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary insufficiency Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) T.B. ? ca. pneumonia DUE TO (c) 002-1 H					INTERVAL BETWEEN ONSET AND DEATH
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour s.m. p.m.		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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5-18-63 to 5-23-63 and last saw her/him alive on 5-23-63 Death occurred at 8:20 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) D.J. Stachschulte M.D.			22b. ADDRESS St. Louis Univ. Hosp.		22c. DATE SIGNED 5.24.63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 5/27/63	23c. NAME OF CEMETERY OR CREMATORY Sikeston, Missouri.		23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR McLaughlin		ADDRESS 2301 Lafayette, St. Louis, Mo.		25. DATE RECD. BY LOCAL REG. MAY 24 1963	26. REGISTRAR'S SIGNATURE Joan Smith, M.D.

USE BLACK INK OR TYPEWRITER RIBBON

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 A. G. Jarvis

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.