

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-038150
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9189**

FILED SEP 19 1963

VS 300
Rev. 4/59

1
2 *2259*
3
4 *2*
5 *2*
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7 *1*
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10
11
12 *77-0*
13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 1725 Cole	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Alsey Whitelaw			4. DATE OF DEATH Month 9 Day 10 Year 63
5. SEX Male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Oct 18, 1888
9. AGE (last birthday) 74		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>nil</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <i>Brownsville Tenn</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>	
13a. FATHER'S NAME <i>Paul Whitelaw</i>		13b. MOTHER'S MAIDEN NAME <i>Andressia</i>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <i>no</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>Thelma Andrews 1725 Cole</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Thrombosis		INTERVAL BETWEEN ONSET AND DEATH Undet.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis			
DUE TO (c) Generalized Arteriosclerosis		332*	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gangrene of Foot due to Ischemic Decubiti		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 SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 a.m. p.m. Month, Day, Year	
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 7-28-63 to 9-10-63 and last saw him her alive on 9-10-63 Death occurred at 5:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>J.H. Utley md</i>		22b. ADDRESS 2601 N. Whittier	
22c. DATE SIGNED 9-12-63			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE Sept. 17, 1963	
23c. NAME OF CEMETERY OR CREMATORY <i>Graveside Cemetery St. Louis Co Mo</i>		23d. LOCATION (City, town, or county) <i>St. Louis</i>	
24. FUNERAL DIRECTOR <i>S.J. Nelson 2769 Chevalier</i>		25. DATE RECD. BY LOCAL REG. SEP 13 1963	
26. REGISTRAR'S SIGNATURE <i>Leon Smith, M.D.</i>			

USE BLACK INK
OR
TYPEWRITER RIBBON

MISSOURI DEPARTMENT OF HEALTH

10001

818

Missouri
St. Louis
1725 Cole

St. Louis
Homer G. Phillips

10 03

Whitlaw

Alsey

Male Negro

10

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 Generalized Arteriosclerosis Student Embalmer No. _____

working under my personal supervision. Cause of death: ischemic Decubiti

Student _____
Signature of Student Embalmer

Signed Jefferson M. Pender
Licensed Embalmer No. 5072

P. O. Address 4535 Washington

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.

03-15-03