

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14891

State File No.

FILED MAY 11 1951

3340

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis		c. LENGTH OF STAY (in this place) 4		c. CITY (If outside corporate limits, write RURAL and give township) University City		4346	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital				d. STREET ADDRESS (If rural, give location) 7254 Tulane Avenue			
3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Franklin c. (Last) Whittington			4. DATE OF DEATH (Month) (Day) (Year) Apr. 8, 1951				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 10, 1906		9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months 10 Days 28	IF UNDER 48 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Paint		11. BIRTHPLACE (State or foreign country) Bloomington, Illinois		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Whittington		13b. MOTHER'S MAIDEN NAME Mary Lou Snyder		14. NAME OF HUSBAND OR WIFE May E. Harrington			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS May E. Whittington, 7254 Tulane Ave.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) coronary sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 1 hour	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Heart			
22. I hereby certify that I attended the deceased from 3/15 , 19 48 , to 4/8/51 , 19____, that I last saw the deceased alive on 4/8/51 , 19____, and that death occurred at 10:40 Pm. , from the causes and on the date stated above.							
23a. SIGNATURE M. Norman Orzel (Degree or title) M.D.				23b. ADDRESS 508 N. Grand Blvd.		23c. DATE SIGNED 4/9/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/10/51	24c. NAME OF CEMETERY OR CREMATORY Parkhill Cemetery		24d. LOCATION (City, town, or county) (State) Bloomington, Illinois		
DATE REC'D BY LOCAL REG. APR 9 1951		REGISTRAR'S SIGNATURE J B Sacata		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ambruster Mortuary, 6633 Clayton Road			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____
Student Embalmer

Signed Richard O. Yohnke

Licensed Embalmer No. 3917

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.