

XC-4 691 987

Reg. 15923

SL-5915

FILED SEP 6 1956 318

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29309

STATE FILE NUMBER

1003

7398

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>ST. LOUIS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>VA Hospital</b>				Length of stay in lb <b>106 days</b>		d. STREET ADDRESS (If outside, give location) <b>23 ADDRESS 2102 LAFAYETTE AVE</b>	
3. NAME OF DECEASED (Type or print)				First <b>CLARENCE</b> Middle <b>P.</b> Last <b>WHITLEDGE</b>		4. DATE OF DEATH Month <b>8</b> Day <b>8</b> Year <b>56</b>	
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>3-12-09</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>SHEET METAL WORKER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>BLOOMFIELD, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>ALEX WHITLEDGE</b>				14. MOTHER'S MAIDEN NAME <b>LUCY COTNER</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>WW-2</b>				16. SOCIAL SECURITY NO. <b>489 18 6052</b>		17. INFORMANT Address <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bilateral Acute Broncho-Pneumonia</b>  Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Chronic Bronchitis &amp; Emphysema</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>502.0</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>  <b>Unknown</b>	
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 _____ 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 <b>VA</b>		COUNTY _____ STATE _____	
21. I attended the deceased from <b>4-24-56</b> to <b>8-8-56</b> and <b>INTERVIEWED HIM</b> Death occurred at <b>12:30 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <b>T. J. SHEKLETON M.D.</b>				22b. ADDRESS <b>VA Hospital</b> <b>M.D. 915 N. Grand, St. Louis, Mo.</b>		22c. DATE SIGNED <b>8-8-56</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		23b. DATE <b>8-9-56</b>		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State) <b>Jackson, Mo.</b>	
24. FUNERAL DIRECTOR <b>Craycraft and Miller</b> <b>Jackson, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>AUG 10 1956</b>		26. REGISTRAR'S SIGNATURE <b>J. Earl Smith, M.D.</b> <b>m. j. b.</b>	

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 W E Morris

Licensed Embalmer No. 3

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.