

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

3822

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1005

City St. Louis Mo. (No. Mo. Baptist Hosp)

File No.

Registered No. 1065

St. Ward)

2. FULL NAME Clarence Herman Whisler

(a) Residence. No. 1943 Montgomery St. 26 Ward.

(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3 - 1896

7. AGE YEARS MONTHS DWS If LESS than 1 day, hrs. or min.
34 6 23

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Plaster 73
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo. (STATE OR COUNTRY) 1

10. NAME OF FATHER L. G. Whisler

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Anna Poertner

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

14. INFORMANT Ladie L. Whisler (Address) 1943 Montgomery St.

15. FILED 27 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jun 26 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1931 to Jan 26, 1931 that I last saw him alive on Jan 26, 1931, and that death occurred, on the date stated above, at 6 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Infectious
121B
129

(duration) yrs. mos. ds. 6 ?

CONTRIBUTORY (SECONDARY) apexed teeth
(duration) yrs. mos. ds. 10 ?

18. WHERE WAS DISEASE CONTRACTED
1948 Montgomery
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? yes DATE OF 6/21/31

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Shelton Bell, M. D.
, 19 (Address) Metrop Bldg 27 Law

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Belzoni Miss DATE OF BURIAL Jun 27 1931

20. UNDERTAKER Wey Leidner Und Co N. Market ADDRESS 1417

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

