

27412

State File No. 7308

Registrar's No.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

SEP 25 1940 791

Registration District No.

Primary Registration District No. 1003

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St Louis

(c) Name of hospital or institution: Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days  
In this community 18 yrs  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME James Whiteside

8. (b) If veteran, name war Unk

8. (c) Social Security No. Unk

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Sep

6. (b) Name of husband or wife Unk

6. (c) Age of husband or wife if alive Unk years

7. Birth date of deceased February 27, 1887  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>6</u>	<u>2</u>	hr. _____ min. _____

9. Birthplace Birmingham Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Unk

11. Industry or business Unk

MOTHER FATHER

12. Name Charlie Whiteside

13. Birthplace Birmingham Ky  
(City, town, or county) (State or foreign country)

14. Maiden name Dallie Sledd

15. Birthplace Alma Ky  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry Whiteside

(b) Address 533 a S 23rd St

17. (a) Removal (b) Date thereof 8/31/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Birmingham Ky

18. (a) Signature of funeral director Bond Bro FIN. HOME

(b) Address 3704 Finney

19. (a) AUG 30 1940 (b) J. B. Brodeur  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 533 a S 23rd  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29  
year 1940 hour 9:17 minute \_\_\_\_\_ A. M.

21. I hereby certify that I attended the deceased from August 19, 1940 to August 29, 1940;  
that I last saw him alive on August 29, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Prob. Carcinoma of Stomach c Ascites  
Duration 18-24 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 46  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Manner of injury \_\_\_\_\_

23. Signature Edw. M. Stetson (M. D. or other)

Address 2601 N Whittier Date signed \_\_\_\_\_

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Louis V. Attie*

Licensed Embalmer No. *2842*

P. O. Address *3614 Fairway*

**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, above space should be left blank.**