No. 2
1-4-41
17-39
X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29871

FILED OCT 18 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7210

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1327 Hogan St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community WHITLOCK

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St Louis 21 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1327 Hogan St 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN DOUGLASS WHITLOCK
3. (b) If veteran, name war
3. (c) Social Security No. None
4. Sex Male 2
5. Color or race Col.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Douglass
6. (c) Age of husband or wife if alive 24 years
7. Birth date of deceased 12 (Month) 23 (Day) 1910 (Year)
8. AGE: Years 30 Months 9 Days 10 If less than one day hr. min.
9. Birthplace Greenwood (City, town, or county) Miss (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Alex Douglass Whitlock
13. Birthplace Greenwood (City, town, or county) Miss (State or foreign country)
MOTHER
14. Maiden name Isadora McCullen
15. Birthplace Greenwood (City, town, or county) Miss (State or foreign country)
16. (a) Informant Batt W. Whitlock
(b) Address 1820 Division St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 8 41 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Pk.
18. (a) Signature of funeral director A F Walton
(b) Address 2707 Standard St
19. (a) SEP 5 1941 (Date received local registrar) (b) J. C. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3rd year 1940 hour 5:30 minute P. M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Hypertrophic Heart Disease;
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Thomas F Allen M.D. or other
Address Deputy Coroner Date signed 9/4/41

(Licensed Embalmer's Statement on Reverse Side)

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 Arthur L. Hellbard

Licensed Embalmer No. 4221

P. O. Address 2649 Delma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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