

Registration District No. **791**

Primary Registration District No. **1003**

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17
9

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

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 006
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 227
(d) Street No. 2336 Clark Ave.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Whitaker #1

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced 0
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 17 42
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
NB 0 55 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER { 12. Name Rev. R. J. Whitaker
13. Birthplace Tennessee (City, town, or county) (State or foreign country)
14. Maiden name Willie Mae Lewis
15. Birthplace Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant Asst. Mgr. Howard
(b) Address 2601 N. Whittier Street
17. (a) Buried (b) Date thereof MAY 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation CITY CEMETERY

18. (a) Signature of funeral director J. F. Braddock
(b) Address City Health Dept
19. (a) MAY 27 1942 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 17
year 42 hour 5 minute 50 P.M.
21. I hereby certify that I attended the deceased from 4:55 P.M.
4 - 17, 19 42 5:50 PM 4-17, 19 42

that I last saw her alive on 4 - 17, 19 42
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity Duration _____

Due to Unknown
Due to Unknown
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature D. S. Moore (M. D. or other) _____
Address 2601 N. Whittier St. Date signed 5-29-42

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.....

Licensed Embalmer No.....

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, above space should be left blank.