

No. 2  
-9-4-31  
5-17-30  
X29484

State File No. ....

Registrar's No. ....

4517

FILED JUN 2 1942

Registration District No. ....

Primary Registration District No. ....

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:  
St. Mary's Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days - 3 hrs.  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4134 Papin  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 18

3. (a) PRINT FULL NAME

Juanita Whiteside

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

4. Sex F 5. Color or race B Neg. r.o. 6. (a) Single, widowed, married, divorced, Single

6. (b) Name of husband or wife ..... 6. (c) Age of husband or wife if alive, years (Month) (Day) (Year)

7. Birth date of deceased. 2 22 1939  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
3 2 29 hr. min.

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

10. Usual occupation .....

11. Industry or business .....

12. Name Ellie H. Whiteside

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

14. Maiden name Anna Perkins

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

16. (a) Informant Edna White side

(b) Address 4134 Papin

17. (a) Burial (b) Date thereof 5/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director Russell Und. Co.

(b) Address 2732 Pine St.

19. (a) MAY 25 1942 (b) (Registrar's signature)  
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 22nd  
year 1942 hour 16 minute 35 P.M.

21. I hereby certify that I attended the deceased from 5-19-42  
to 5-21-42

that I last saw her alive on 5-21-42  
and that death occurred on the date and hour stated above.

Immediate cause of death .....

Trauma - Bronchitis

Due to .....

Due to HTA .....

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

Major findings of operations Large tongue  
non-diphtheritic  
Of autopsy self-harmage wound  
material in Trauma & Bronchitis

Duration

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 0

23. Signature Lucius D. Davis, M.D.

Address 1536 Papin Date signed 5-21-42

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

MOTHER FATHER

**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..... *Joel Russell*

Licensed Embalmer No..... *4112*

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, fact should be so stated above.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 16802

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 4517

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:  
St Mary Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution .....  
(Specify whether  
In this community  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County .....  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4184 Papin  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME Jannita Whiteside

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

4. Sex ♀ 5. Color or race B 6. (a) Single, widowed, married, divorced ♂

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

7. Birth date of deceased: Feb 22 1948  
(Month) (Day) (Year)

8. AGE: Years 3 Months ..... Days ..... If less than one day hr. min.

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

10. Usual occupation .....

11. Industry or business .....

12. Name .....

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

14. Maiden name .....

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

16. (a) Informant .....

(b) Address .....

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....

(b) Address .....

19. (a) JUL 17 1948 (b) J. F. Bredetz  
(Date received from registrant) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 22  
year 1948 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from ..... 19.....  
that I last saw him/her alive on ..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death .....

Duration

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?

While at work? (Specify type of place) (e) Means of injury .....

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

Address ..... Date signed .....

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

SUPPLEMENTARY

S-16802