

Registration District No. 318

Primary Registration District No.

703

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. (Specify whether)

In this community, (Specify whether)
years, months or days

3. (a) PRINT FULL NAME Roland Whirley

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

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive, years 19 1941

7. Birth date of deceased July 19 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>4</u>	<u>2</u> hr. min.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Everett Whirley

13. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Virginia Hackney

15. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant (b) Address 1108 S. Compton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) NOV 23 1942 J.F. Beedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 189

(d) Street No. 1108 S. Compton Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 25 year 1942 hour 5 minute 45 A.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 Keratin pneumonia when deceased suddenly swallowed Keratin at his home at 1108
Compton Ave. Nov. 21st
1942 at about 10.00 AM

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: 179-13
Of operations
Of autopsy

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

(a) Accidental, suicide, or homicide (specify) accident 000

(b) Date of occurrence Nov 25 1942

(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
(Specify type of place)

(e) Means of injury Keratin

While at work? no

23. Signature Thomas F. Callen (Dr. or other) 17
Address Deputy Colonel Date signed 11-23-42

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.