S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40403

FILED NOV 25 1947

Registration District No. 3917 Primary Registration District No. 3063 Registrar's No. 2334

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 Days (Specify whether
In this community 36 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Jennings 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5317 Wilborn 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Francis Homer Whitaker
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid. 0
6. (b) Name of husband or wife Sophie Gent
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased Sept (Month) 22 (Day) 1865 (Year)

8. AGE: Years 82 Months 1 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Indiana (State or foreign country) 1
10. Usual occupation None
11. Industry or business RETIRED CARPENTER
FATHER
12. Name John Whitaker
13. Birthplace (City, town, or county) Unknown (State or foreign country) 9
MOTHER
14. Maiden name Elizabeth Morgan
15. Birthplace (City, town, or county) Unknown (State or foreign country) 9
16. (a) Informant Flavia Dickson
(b) Address Daughter 5317 Wilborn Jenn. Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11/19/47 (Month) (Day) (Year)
(c) Place: burial or cremation ST. JOHNS CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BLVD.
19. (a) 11-15-47 (Date received local registrar) (b) Beula J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 12th year 1947 hour 11 minute 35 P.M.

21. I hereby certify that I attended the deceased from October 21st 1947, to Nov. 12th 1947; that I last saw him alive on Nov. 12th 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death cerebral thrombosis	
Due to arteriosclerosis, general	
Due to 836	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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) 0
While at work? (e) Means of injury

23. Signature B. M. Passanante (M. D. or other) M. D.
Address St. Louis Co. Hosp. Date signed 11-13-47

Jefferson City Printing Co. (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 John A. Mhnai

Licensed Embalmer No. 4186

P. O. Address St. Louis Mo.

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.