

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

21467

FILED JUN 28 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

5483

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 40 days (Specify whether years, months or days)

3: (a) PRINT FULL NAME George Whitener

3. (b) If veteran, name war none 3. (c) Social Security No. 333-03-6001

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

6. (b) Name of husband or wife Theoria Whitener 6. (c) Age of husband or wife if alive 43 years  
7. Birth date of deceased March 16 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
50 2 28 hr. min.

9. Birthplace Old Apolton Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Smith Rolling Machine Laborer

11. Industry or business

MOTHER FATHER { 12. Name unknown 9  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Theoria Whitener  
(b) Address Venue Ill.

17. (a) Removal (b) Date thereof June 17 48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Eastonville Ill

18. (a) Signature of funeral director J. T. Bredask  
(b) Address 2205 No. 21st Eastonville Ill

19. (a) JUN 17 1948 (b) J. T. Bredask  
(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")  
(d) Street No. 4372 Fairfax 9  
11 (If rural, give location) 0  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14  
year 1948 hour 5 minute 45 a. M.

21. I hereby certify that I attended the deceased from May 5 1948 to June 14 1948  
that I last saw him alive on June 14 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Cardio-Vascular Disease  
Duration Undet.

Due to.....  
Due to.....

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

Major findings:  
Of operations.....  
Of autopsy No

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) 0  
Means of injury.....  
23. Signature C. S. Daniels (M. D. or other)  
Address 2601 N Whittier Date signed 6/14/48

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

**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 me

, Registered Apprentice No. 4479

working under my personal supervision.

Signed L Homer Marshall Hobson

Licensed Embalmer No. \_\_\_\_\_

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.**