

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19894

1. PLACE OF DEATH

County..... Registration District No. 791
 Town..... Primary Registration District No. 1003
 City St. Louis Mo. (No. 2723 Eugenia)

File No.....
 Registered No. 5650
 St. Ward)

2. FULL NAME

Lester Stanley Whitney
 (a) Residence, No. 2723 Eugenia St., 12 Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. 7 mos. 15 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Baby</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Baby</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct 31 / 1925</u>		
7. AGE YEARS <u>1</u>	MONTHS <u>7</u>	DAYS <u>15</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work..... (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer.....		

9. BIRTHPLACE (CITY OR TOWN) St. Louis Mo.
 (STATE OR COUNTRY)

10. NAME OF FATHER V.W. Whitney

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grange Tenn
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Katie Rodgers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Memphis Tenn
 (STATE OR COUNTRY)

14. INFORMANT Katie Whitney
 (Address) 2723 Eugenia St

15. FILED LN 18 '27
 19. Maule Starckoff

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 16 1927

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1927, to June 16, 1927 that I last saw h. 222 alive on June 16, 1927, and that death occurred, on the date stated above, at 1 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Primary Pneumonia
1000 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH, at home

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS? Stencils
 (Signed) Vincent J. Mull, M. D.
11-17, 1927 (Address) 2335 Frankl

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park Cemetery DATE OF BURIAL 6/19 1927

20. UNDERTAKER Dunn Bros ADDRESS 215 1/2 Jefferson ave

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITNEY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

