WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space

6502

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1002

City St. Louis (No. 1943 a Hodiamont Ave St. ..... Ward)

File No. ..... Registered No. 1413

2. FULL NAME Earl E. Whiteside

(a) Residence. No. 1943 a Hodiamont Ave 6 Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 21 - 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	—	—	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Child

(b) General nature of industry, business, or establishment in which employed (or employer) None

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Lawrence F. Whiteside

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Monroe Co
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Zella Ludwig

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Sycamore
(STATE OR COUNTRY) Illinois

14. INFORMANT Mrs. Lawrence F. Whiteside
(Address) 1943 a Hodiamont Ave

15. FILED FEB - 9 1928 Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 7 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan 21 - 1928, 19.. to Feb 7 1928 that I last saw him alive on Feb 7 1928 and that death occurred, on the date stated above, at 2.15 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute Inanition, fore-mature birth 11 days
1 1/2 [illegible] (duration) ..... yrs. ..... mos. ..... da.

CONTRIBUTORY (SECONDARY) Acute Indigestion
Premature (duration) ..... yrs. ..... mos. ..... da.

18. WHERE WAS DISEASE CONTRACTED —
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? —
(Signed) W. O. Poeschey, M. D
, 19 (Address) 4617 Franklin Ave

*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 De Soto Mo. — DATE OF BURIAL 2-8 19..

20. UNDERTAKER Geo. L. Pleitsch — ADDRESS 5966 Easton Ave

Dr W. A. Loeschen
2617 a Franklin
1-3 to 8-8