

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

Do not use this space.

24834

1. PLACE OF DEATH

County.....

Registration District No. 792

Township.....

Primary Registration District No. 4003

City.....

St Louis Mo (No. Barnes Hospital)

File No.

7005

Registered No.

St. Ward)

2. FULL NAME

Cleveland Wilhite

(a) Residence, No. 6281 Marmaduke St. 3 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

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

Clara Wilhite

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Feb. 24, 1890

7. AGE

YEARS

42

MONTHS

5

DAYS

3

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

mechanical 60

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

St Louis Car Wheel Co

10. Date deceased last worked at this occupation (month and year)

7-1-32 occupation

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Jefferson City Mo.

13. NAME

James Wilhite

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

15. MAIDEN NAME

unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

17. INFORMANT

Clara Wilhite

(ADDRESS)

6281 Marmaduke Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

near St Peters Bur

DATE

7-29-32

19. UNDERTAKER

Trigg & Hanson Mortuaries

(ADDRESS)

4222 St. Louis Ave

20. FILED

JUL 28 1932

W. H. Stork

Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

7-27-1932

22. I HEREBY CERTIFY, That I attended deceased from

7-12-1932 to 7-27-1932

I last saw him alive on 7-27-1932 Death is said

to have occurred on the date stated above, at 1229a

The principal cause of death and related causes of importance were as follows:

Brain tumor - benign

Date of onset Oct, 1931

54D
87B
111E
54H

Other contributory causes of importance:

Pulmonary edema
heart failure, acute

July 26, 32
July 26, 32

Name of operation Craniotomy Date of July 14, 1932

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify

(Signed)

W. H. Stork

M. D.

(Address)

BARNES HOSPITAL

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.

