

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.

11431

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis Mo. (No. 1917 Lynch St)

File No.

Registered No. 2500

2. FULL NAME Infant Whittenberg

(a) Residence, No. 1917 Lynch St. 23 Ward. (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 11 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 3

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. none

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME J. H. Whittenberg

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

15. MAIDEN NAME Pauline Whitehead

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

17. INFORMANT J. H. Whittenberg (ADDRESS) 1917 Lynch St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Recreation Ills. DATE Mar 15 1933

19. UNDERTAKER H. J. Leisner Und. Co. (ADDRESS) 1417 N. Broadway

20. FILED 194K 15 1933 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) mech 14th 1933

22. I HEREBY CERTIFY, That I attended deceased from mech 17th 1933, to mech 14th 1933

I last saw him alive on mech 14th 1933. Death is said

to have occurred on the date stated above, at 9:40 a. m.

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

Broncho-Pneumonia Date of onset mech 14th
Primary
107A
138 107A

Other contributory causes of importance: Malnutrition

Name of operation Date of

What test confirmed diagnosis? 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? no

If so, specify

(Signed) T. B. Edwards, M. D.

(Address) 1219 Lynch St

2732 L. 135