

MAY 7 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **3201 A Arsenal St**) St. Ward)

File No. **14722**
Registered No. **4217**

2. FULL NAME **Julian Barkley Wilhoite**

(a) Residence, No. **3201 A Arsenal St** St. **16** 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 **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 **Mary Wilhoite**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 21 1865**

7. AGE YEARS **72** MONTHS **2** DAYS **2** If LESS than 1 day, hrs. or min.

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

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

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

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

13. NAME **Jesse Wilhoite**

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

15. MAIDEN NAME **Elizabeth Barkley**

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

17. INFORMANT **Elizabeth Wilhoite** (ADDRESS) **3201 A Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St Marcus** DATE **April 24** 19 **37**

19. UNDERTAKER **Thos. Hutis** (ADDRESS) **2906 Gravois Ave.**

20. FILED **APR 23 1937** **J. F. Brudeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 21 1937**

22. I HEREBY CERTIFY, That I attended deceased from **March 29th 1937**, to **April 21 1937**

I last saw him alive on **April 21 1937**. Death is said to have occurred on the date stated above, at **2.00** m.

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

Acute Uræmia
1937
Other contributory causes of importance:
Chronic Int. Nephritis
Chronic Myocarditis

Date of onset **3/23/37**
2.75
21.75

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **W. D. Aufderheide** M. D.
(Address) **3103 Arsenal St.**

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.

11-00008

