JUL 31 1937

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

Do not use this space.

24894

1. PLACE OF DEATH
County St. Louis
Township Clayton
City Clayton (No. ST LOUIS COUNTY HOSP St. Ward)

Registration District No. 790
Primary Registration District No. 6033a

File No.
Registered No. 223

2. FULL NAME Whitener, Pansy
(a) Residence, No. 1920 Wright St. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 1½ yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: fem
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 harold Whitener

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 28, 1911

7. AGE: Years 25 | Months 6 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

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

FATHER
13. NAME L.J. Hanson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Myrtle Kelly
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT husband Harold Whitener
(ADDRESS) 1920 Wright St

18. BURIAL, CREMATION, OR REMOVAL
PLACE MARQUAND, Mo. DATE 6-30 1937

19. UNDERTAKER ALBERT H. HOPPE INC
(ADDRESS) 429 No EUCLID AVE

20. FILED 6/28 1937 Dr a J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 1937

22. I HEREBY CERTIFY, That I attended deceased from June 15 1937, to June 27 1937
I last saw her alive on June 27 1937 9:35 P.M. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Rheumatic Fever	Dec. 1936
Other contributory causes of importance:	
Rheumatic Heart Disease	Dec. 1936

Name of operation clinical Date of no
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?
If so, specify
(Signed) R A Robinson M. D.
(Address) St Louis County 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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD