

AUG - 5 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, Mo.**(No. **Sumner Deacon Hospital**)File No. **25216**Registered No. **6390**

St.

Ward)

2. FULL NAME **Frederic Mitchell Whitaker**

(a) Residence, No.

(Usual place of abode)

St. **NR**Ward. **Kirkwood, Mo.**

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)**Infant**5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

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

June 30, 1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than
day, hrs.
or min.**Stillborn**

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.**FW**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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**St. Louis,
Missouri**

FATHER

13. NAME **William Noah Whitaker**14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Crawford Co.,
Missouri**

MOTHER

15. MAIDEN NAME **Goldie Waugh**16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)**Crawford Co. Mo**17. INFORMANT
(ADDRESS)**Wm Whitaker
Kirkwood, Mo**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Kirkwood, Mo.** DATE **July 1, 1937**19. UNDERTAKER
(ADDRESS)**Albert H. Brown
127 N. Euclid Ave
St. Louis, Mo**

20. FILED

JUL 1 1937

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 30, 1937**22. I HEREBY CERTIFY that I attended deceased from
June 30, 1937, to June 30, 1937Last saw h. **17** alive on **June 30, 1937** Death is saidto have occurred on the date stated above, at **11:00 A**

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

Intra uterine asphyxiation

Date of onset

Other contributory causes of importance

**Chronic nephritis
Pre-eclampsia**

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?.....

If so, specify

(Signed) **George A. Mitchell**, M. D.(Address) **1325 S. Grand**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.
 If necessary, use of state abbreviations and initials should be used.
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