1957

JAN 10 1936

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

Do not use this space.

43098

791

1. PLACE OF DEATH

County ..... Registration District No. ..... 1003 File No. 1348

Township ..... Primary Registration District No. ..... Registered No. .....

City St Louis (No. en route U.S. Marine Hospital, St. ..... Ward)

2. FULL NAME Bruce Whitaker

(a) Residence, No. Kinloch, Mo St., NR 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: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-21-1891

7. AGE: YEARS 46 MONTHS 3 DAYS 17 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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): Tenn. V

FATHER

13. NAME: D. D. Whitaker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknow 31

MOTHER

15. MAIDEN NAME: Mary Hunter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn. V

17. INFORMANT (ADDRESS): Evelyn Whitaker Kinloch

18. BURIAL, CREMATION, OR REMOVAL PLACE: Washington Pk DATE 12/13/37

19. UNDERTAKER (ADDRESS): Boyd Bros. Funeral Home 1 Lis Co Stanga Kinloch

20. FILED DEC 9 1937 19 J H Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

No attending physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 8th, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:45 P.M.

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

Date of onset

Ruptured Aneurism of Ascending Aorta; Contrib: Haemorrhage.

(Rupture Non Traumatic)

Other contributory causes of importance:

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Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

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 See above.

Nature of injury .....

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

If so, specify .....

(Signed) Alfred J Perry M.D.

(Address) Deputy Coroner

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.

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