

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

318

Do not use this space.

1. PLACE OF DEATH **Homer G Phillips Hospital** Registration District No. **791**
 (a) County..... Registration District No. **1003**
 (b) Township..... Primary Registration District No. **1003** Registered No. **174**
 (c) City..... **St. Louis** (d) Street No. **2601** **N. Whittier** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred **9** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Salina Whitman 355**
 (a) Residence, No. **3013 R Easton** St. **27**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **August 1, 1884**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
53 5 --

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House work**
 9. Industry or business in which work was done, as 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) **Mississippi**

FATHER 13. NAME **George Gaddy**

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

MOTHER 15. MAIDEN NAME **Mary Smith**

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

17. INFORMANT (ADDRESS) **Evelyn Hilliard**
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE **Bathur Dickerson** DATE **1/6** 1938

19. FUNERAL DIRECTOR (ADDRESS) **Riley**
3755 Jimenez ave

20. FILED **JAN 6 1938** **J. S. Bredbeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 1** 19 **38**

22. I HEREBY CERTIFY, That I attended deceased from **Dec. 27**, 19 **37**, to **Jan. 1, 1938**, 19 **38**

I last saw h. or alive on **Jan. 1**, 19 **38** Death is said to have occurred on the date stated above, at **12:40 m. p.m.**
 The principal cause of death and related causes of importance were as follows:

Syphilitic Hepatitis

Date of onset

12/27/**37**

Other contributory causes of importance:

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

What test confirmed diagnosis? **clinical** 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) **A. L. Lewis**, M. D.

(Address) **2601 N Whittier**

FEB 12 1938

STATEMENT BY LICENSED EMBALMER

I, Louis V. Atkins, Licensed Embalmer No. 284

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed

Louis V. Atkins

Licensed Embalmer No. 284

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)