JG 2 1939

AUG 7 1939

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No. 26805

Township Lemay — Primary Registration District No. 200 — Registered No. 1389

City — (No. Mt. St. Rose Hospital St. Ward)

2. FULL NAME Mary Bernita Whyte 300

(a) Residence, No. 4530 Forest Park Blvd. Ward.
(Usual place of abode) (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

3. SEX: female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George David Whyte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 14, 1900

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
39	6	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. dietition
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. hospital
10. Date deceased last worked at this occupation (month and year) ~~Feb~~ Apr. 1939
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U. S. A.

FATHER

13. NAME unknown Sheppard
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown U. S. A.

MOTHER

15. MAIDEN NAME unknown Harte
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown U. S. A.

17. INFORMANT (ADDRESS) David Whyte 6410 Cabanne

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lake Charles DATE August 3, 1939

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar Blvd

20. FILED AUG 2 1939 T R Mey M D D P H Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to August 2, 1939

I last saw h. E. R. alive on August 2, 1939. Death is said to have occurred on the date stated above, at 8:30 m.

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

Date of onset

Fac adv bilateral pulm tuberculosis c cavitation
Tuberculous Enteritis

Other contributory causes of importance: 231-

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? .....

If so, specify .....

(Signed) Bernard E. Baumann, M. D.

(Address) Mt St Rose San

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmer by me, or

by_____Registered Apprentice No._____
working under my personal supervision.

Signed J. Wm Dempsey

Licensed Embalmer No. 3653

P. O. Address St. Louis, Mo.