

No. 2
-13-40
17-39
X23159

FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9146**
Registrar's No. **2556**

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County.....
(b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **17 days**
(Specify whether
In this community **15 years**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **00022**
(c) City or town **St Louis** **17**
(If outside city or town limits, write "RURAL")
(d) Street No. **2232 Clark** **9**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Jesse Whitfield**
3. (b) If veteran, name war **World War** 3. (c) Social Security No. **1-1-1**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** **17** day **17**
year **1941** hour **2:20** minute **P** M.

4. Sex **M** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **2**
6. (b) Name of husband or wife **---** 6. (c) Age of husband or wife if alive **---** years
7. Birth date of deceased **June 13, 1889**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **March 1, 1941**, to **March 17, 1941**;
that I last saw him alive on **March 17, 1941**,
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis** Duration **3 years**
Due to **17**
Due to **17**
Other conditions **17**
(Include pregnancy within 3 months of death)
Major findings:
Of operations **17**
Of autopsy **17**
PHYSICIAN **---**
Underline the cause to which death should be charged statistically.

8. AGE: Years **51** Months **9** Days **4** If less than one day hr. min.

9. Birthplace **Berdeen** / **Miss**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unk**

11. Industry or business.....

MOTHER FATHER
12. Name **George Whitfield**
13. Birthplace **Berdeen** / **Miss**
(City, town, or county) (State or foreign country)
14. Maiden name **Hattie Whitfield**
15. Birthplace **Berdeen** / **Miss**
(City, town, or county) (State or foreign country)

16. (a) Informant **Agnes Green**

(b) Address **2232 Clark Ave**

17. (a) **Burial** (b) Date thereof **3-22-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenwood**

18. (a) Signature of funeral director **J. H. Bredek**

(b) Address **3133 Paul Ave**

19. (a) **MAR 21 1941** (b) **J. H. Bredek**
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (c) Means of injury.....
23. Signature **Carroll Allen** (M. D. or other).....
Address **2601 N Whittier** Date signed.....

(Licensed Embalmer's Statement on Reverse Side)

3/19/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

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

....., Registered Apprentice No.....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.