

FILED MAR 17 1942

Registration District No. **791**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis, Mo.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 mo. 2 days**  
(Specify whether \_\_\_\_\_)  
In this community **25 years**  
years, months or days)

3. (a) PRINT FULL NAME **Cherry Whitlock**

3. (b) If veteran, name war **none,**  
3. (c) Social Security No. **?**

4. Sex **Female** 5. Color or race **Col.**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Walter Whitlock,**  
6. (c) Age of husband or wife if alive **69** years

7. Birth date of deceased **Dec 25th 1892.**  
(Month) (Day) (Year)

8. AGE: Years **49** Months **1** Days **17**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **House-wife,**

11. Industry or business **Domestic,**

MOTHER FATHER { 12. Name **Jim Jones,**

13. Birthplace **Miss.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Della Bacon,**

15. Birthplace **Coldwater, Miss.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter Whitlock**

(b) Address **2720, Papin, St.**

17. (a) **Burial** (b) Date thereof **2-17-42.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director **Lee J. Sued**

(b) Address **2812, Thomas St.**

19. (a) **FEB 17 1942** (b) **J. T. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **22. 000**  
(c) City or town **St. Louis,**  
(If outside city or town limits, write "RURAL") **17**  
(d) Street No. **2720 Papin**  
(If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **11,**  
year **1942** hour \_\_\_\_\_ minute **05 A. M.**

21. I hereby certify that I attended the deceased from **January 9th** 19**42** to **February 11,** 19**42;**  
and that death occurred on the date and hour stated above.  
that I last saw her alive on **February 11,** 19**42;**

Immediate cause of death **Prob. Cerebral Embolism**  
Duration **Unknown**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (e) Means of injury \_\_\_\_\_

23. Signature **J. W. Johnson** (M. D. or other)

Address **2601 Whittier** Date signed **2/13/42**

**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.....

*myself*....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *W. Houston Jr.*  
Licensed Embalmer No. *2266*  
P. O. Address *2812 Thomas St*

**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.**