S. No. 2
M—5-42
5-17-39
I X328

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8919

Registrar's No. 2547

1. PLACE OF DEATH:

(a) County

(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Peoples' Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)

In this community ---

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saint Louis

(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 8722 Agnes Street, Brentwood
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---

3. (a) PRINT FULL NAME JOHN WHITLOCK

3. (b) If veteran, name war ---

3. (c) Social Security No. None

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen M. Whitlock

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased About 1884 (Month) (Day) (Year)

8. AGE: Years Abt.58 Months Days If less than one day hr. min.

9. Birthplace Concordia Parish, Lousianna (City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business ---

MOTHER FATHER

12. Name Charles Whitlock

13. Birthplace Talahassa Co. Mississippi (City, town, or county) (State or foreign country)

14. Maiden name Mary Lange

15. Birthplace Concordia Parish, Lousianna (City, town, or county) (State or foreign country)

16. (a) Informant Helen M. Whitlock

(b) Address 8722 Agnes Street, Brentwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/17/43. (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) MAR 17 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1943 hour 12:55 minute P.M.

21. I hereby certify that I attended the deceased from October 14th. 1942 to March 14th. 1943 that I last saw him alive on March 14th. 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pernicious Anemia	6 mon.
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? (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 822 North Jefferson Date signed 3-16-43

(Licensed Embalmer's Statement on Reverse Side)

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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 4107 Finney Avenue

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.