

FILED MAR 27 1944 **818**
Registration District No.

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:
Isolation Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10/26/42 to 3/18/44
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 921
(d) Street No. 2924 Olive Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Oscar Whitfield.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Colored. 6. (a) Single, widowed, married. divorced
6. (b) Name of husband or wife Earlean 6. (c) Age of husband or wife if alive 21 years
7. Birth date of deceased June 6th 1914
(Month) (Day) (Year)

8. AGE: Years 29 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Marianna Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Service Station Mechanic

11. Industry or business Service Station

MOTHER FATHER { 12. Name Jack Whitfield
13. Birthplace Aberdeen Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Harris.
15. Birthplace Starksville, Miss. Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Stella Grady.
(b) Address 5600 Arsenal St.

17. (a) Burial (b) Date thereof 3-25-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Charles J. Gates
(b) Address 2107 Kinney Avenue

19. (a) _____ (b) J. F. Bredenk
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1944 hour 12 minute 45 AM.

21. I hereby certify that I attended the deceased from 110/26
19.42 to March 18 19. 44
that I last saw him alive on March 18 19. 44
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Duration

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 Dr. Maxwell (M. D. or other) _____
Address 5600 Arsenal St. Date signed 3-28-44

STATEMENT BY LICENSED EMBALMER

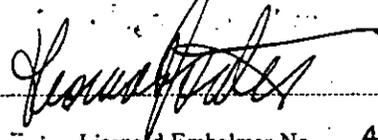
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259

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.