V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26674

FILED AUG 21 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7131

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 5-22-44 to aug-10-44 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis Mo 921
(If outside city or town limits, write "RURAL")

(d) Street No. 618 N Beaumont
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Gus Whitfield

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or Race Colored

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

6. (b) Name of husband or wife Fanny Whitfield

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

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

8. AGE: 59 Years | 9 Months | Days | If less than one day hr. min.

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

10. Usual occupation Factory Worker

11. Industry or business

MOTHER FATHER

12. Name Leonard Whitfield

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

14. Maiden name Fanny Rhodale

15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Benzetta Buchanan

(b) Address Isolation Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/16/44 (Month) (Day) (Year)

(c) Place: burial or cremation Washington park cemetery

18. (a) Signature of funeral director Amelia Jackson

(b) Address 2649 Delmar

19. (a) 8-16-44 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

AUG 16 1944

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 8 year 1944 hour 9 minute 35 A. M.

21. I hereby certify that I attended the deceased from 5-22- 1944 to 8-10 1944 that I last saw him alive on August 10 1944 and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Ian Advanced Pulmonary tb — 1 mo.
Due to
Due to
Other conditions Diabetes Mellitus
(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 Francis M. Leese (M. D. or other)

Address 5400 Arsenal Date signed

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3522

P. O. Address 3506 Franklin ave

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.