S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1945

Registration District No. 317

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3069

State File No. 7234

Registrar's No. 562

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 2212a S. 7th St.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Lon Richard Whited

3. (b) If veteran, name war Nil

3. (c) Social Security No. Nil

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased February (Month) 4 (Day) 1945 (Year)

8. AGE: Years | Months | Days 20 | If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Alonzo Whited
13. Birthplace Ironton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Maxine Mercer
15. Birthplace Enid (City, town, or county) Oklahoma (State or foreign country)

16. (a) Informant Alonzo Whited
(b) Address 2212a S. 7th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton, Missouri

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) FEB 28 1945 (Date received local registrar) (b) E. G. McGowan MD BY (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24 day Feb. year 11 hour 25 minute P M.

21. I hereby certify that I attended the deceased from 2/23 2/24 1945, to 2/24 1945 that I last saw him alive on 2/24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Bilateral Massive pneumonia	4 days
Due to (2) Empyema	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Bilateral pneumonia
Of autopsy Empyema Peritonitis 109:1

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 Jackson Ed MD (M. D. or other)

Address 6420 Clayton Rd Date signed 2/26/45

(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 Albert L Hoffa

Licensed Embalmer No. 2977

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.