S. No. 2
M—5-43
7. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1946

State File No. 15323

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3730

1. PLACE OF DEATH:

(a) County St. Louis

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

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

(d) Length of stay: In hospital or institution 1/2 hour (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County St. Clair 997

(c) City or town E. St. Louis 11
(If outside city or town limits, write "RURAL")

(d) Street No. 1935 Lawrence NR 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Willie James Whitehead

3. (b) If veteran, name war —

3. (c) Social Security No. None

4. Sex Male 1

5. Color or race Col.

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased February (Month) 22, (Day) 1946 (Year)

8. AGE: Years	Months	Days	If less than one day
0	2	0	hr. min.

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

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER

12. Name Matthews Whitehead

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

14. Maiden name Carnis Harper

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

16. (a) Informant Carnis Harper

(b) Address 1935 Lawrence

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4-23-46 (Month) (Day) (Year)

(c) Place: burial or cremation E. St. Louis, Ills

18. (a) Signature of funeral director J. Nash

(b) Address 111 N. 13th Street

19. (a) APR 24 1946 (Date received by local registrar) (b) J. F. Prasek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1946 hour 1 minute 40 P.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;

that I last saw h..... alive on ....., 19.....;

and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Status Lymphaticus	
Due to Lymphaticus Coll	
Due to	
Other conditions D (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 Fred Berry (M. D. or other) 3

Address Date signed 4/23/46

(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 Not Embalmed, Registered Apprentice No. ....., working under my personal supervision.

Signed P. M. Green

Licensed Embalmer No. 1173

P. O. Address 3917 Laclede Av

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.