

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5224**

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

1. PLACE OF DEATH:

(a) County.....
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
925 N 19 ST
(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)

3. (a) PRINT FULL NAME Eddie Whitfield
 3. (b) If veteran, name war.....
 3. (c) Social Security No.

4. Sex M 2 5. Color or race Col
 6. (a) Single, widowed, married, divorced 0
 6. (b) Name of husband or wife.....
 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug. 22 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 17 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER
 12. Name Cleveland Whitfield Jr
 13. Birthplace Abedine, Miss
(City, town, or county) (State or foreign country)
 14. Maiden name Willie Lee Vixon
 15. Birthplace unknown MO
(City, town, or county) (State or foreign country)

16. (a) Informant Whitfield
 (b) Address 925 N 19 ST
 17. (a) Burial (b) Date thereof 6-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Drummond

18. (a) Signature of funeral director J. P. Bredbeck
 (b) Address 2724 Susan Ave
 19. (a) JUN 12 1946 J. P. Bredbeck
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
 (c) City or town St. Louis 2/17
(If outside city or town limits, write "RURAL")
 (d) Street No. 925 N 19 ST 9
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9
 year 1946 hour 6 minute 30 P.
 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.

Immediate cause of death Bronch pneumonia
primary
 Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

Major findings:
 Of operations.....
 Of autopsy.....

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)
 (c) Means of injury..... 3
 23. Signature Alfred Perry (M. D. or other)
 Address 107 Date signed 6/12/46

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 John

Thompson Registered Apprentice No. 395
working under my personal supervision.

Signed Samuel Edwards
Licensed Embalmer No. 4341
P. O. Address Harris 13 Mo.

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.