

FILED JAN 7 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
2832 PAPIN 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 25 yrs
years, months or days

3. (a) PRINT FULL NAME LEVY WHITFIELD

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

4. Sex MALE 2. Color or race Col

5. Color or race _____

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

6. (b) Name of husband or wife BESSIE WHITFIELD

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Aug 20 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>67</u>	<u>4</u>	<u>0</u>	hr. min.
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9. Birthplace ABERDEEN MISS
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant BESSIE WHITFIELD

(b) Address 2832 PAPIN ST

17. (a) Burial (b) Date thereof 11-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BROWNWOOD CEM

18. (a) Signature of funeral director Ellis FUNERAL HOME

(b) Address 2820 STODDARD ST

19. (a) DEC 22 1946 (b) J. F. Bradeen
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis

(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 2832 PAPIN ST
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 20
year 1946 hour 9 minute 50 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary Thrombosis

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 _____

Signature Dr. Alfred Perry (M. D. or other) _____

Address Deputy Coroner Date signed 12-21-46

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, *L. Boykin*

....., Registered Apprentice No. *M*
working under my personal supervision.

Signed

Lomnie Boykin

Licensed Embalmer No. *2946*

P. O. Address *St Louis 6 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.