S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 29 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 19490

Registrar's No. 364

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: City Sanitarium (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6mos.4ds. (Specify whether years, months or days)
In this community 30 yrs.

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. 5431 Ruskin Ave (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARVIN WHITEHEAD
3. (b) If veteran, name war None
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced marrried
6. (b) Name of husband or wife Jane Whitehead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased December (Month) 4 (Day) 1891 (Year)

8. AGE: Years	Months	Days	If less than one day
55	5	12	hr. min.

9. Birthplace Arkansas (City, town, or county) (State or foreign country)
10. Usual occupation Public Service Conductor
11. Industry or business
FATHER 12. Name Green Whitehead
13. Birthplace Springhill La. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Elizabeth Barnard
15. Birthplace Springhill La (City, town, or county) (State or foreign country)
16. (a) Informant Helen Ziegler
(b) Address 5400 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Stamps, Ark.
18. (a) Signature of funeral director Math. Hermann & Son
(b) Address 2161 East Fair Avenue
19. (a) MAY 16 1947 (Date received local registrar) (b) J F Bredeek (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 16 year 1947 hour 3.00 minute A. M.
21. I hereby certify that I attended the deceased from Nov. 12, 1946 to May 16, 1947; that I last saw him alive on May 16, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
C.N.S. Lues	11/12/46x.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Leopold Hofstatter (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed

Jefferson City Printing Co.
(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.....Wilford G. Burnley.....

Licensed Embalmer No.....4207.....

P. O. Address.....St. Louis 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.