S. No. 2
I—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 30 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 22755

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5957

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 070

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4273 a Easton 9
(If rural, give location) 10

(e) Citizen of foreign country? 11 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Wharton Jr.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col,

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

6. (b) Name of husband or wife Katie Wharton

6. (c) Age of husband or wife if alive about 42 years

7. Birth date of deceased May (Month) 29th, (Day) 1904 (Year)

8. AGE: Years 43 Months 0 Days 14 If less than one day hr. min.

9. Birthplace Cadiz (City, town, or county) Ky. (State or foreign country)

10. Usual occupation Chef

11. Industry or business

FATHER
12. Name William Wharton Sr.
13. Birthplace Cadiz (City, town, or county) Ky (State or foreign country)

MOTHER
14. Maiden name Ruby King
15. Birthplace Cadiz (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Katie Wharton
(b) Address 4273 a W.Easton Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-21-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem,

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St.

19. (a) JUN 19 1947 (Date received local registrar) (b) J. F. Brideck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13
year 1947 hour 4 minute 35 P.M.

21. I hereby certify that I attended the deceased from June 4, 1947, to June 13, 1947, that I last saw him alive on June 13, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malignant Hypertension with Uremia	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy No

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 0

23. Signature Edw. B. Williams (M. D. or other)

Address 2601 N. Whittier Date signed 6/16/47

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 Fulton G. Culkin

Licensed Embalmer No. 498

P. O. Address St Louis 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.