S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 4 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26204

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6591

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 6 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4311 W Bell 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Aaron J. Whitting
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie Whitting
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased December 29, 1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	6	12	hr. min.

9. Birthplace Canton, Miss. (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name William S. Whitting
13. Birthplace Canton, Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Peggie Garrett
15. Birthplace Canton, Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Wm Whitting Jr.
(b) Address 4311 W. Bell
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Street
19. (a) JUL 14 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 6 minute 20 A M.

21. I hereby certify that I attended the deceased from July 5, 1947 to July 11, 1947 that I last saw him alive on July 11, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Far Advanced Pulmonary Tuberculosis — Undet.
Due to
Due to
Other conditions None (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy No

Duration

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) 0
While at work? (e) Means of injury

23. Signature O. L. Daniels (M. D. or other)
Address 2601 N Whittier St Date signed 7/11/47

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 Clark Young

Licensed Embalmer No. 3371

P. O. Address St. Louis

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.