. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 24 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36405

Registrar's No. 9572

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
Homer G.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: 047

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

(d) Street No.: 3141 Rutger Street 9
(If rural, give location)

(e) Citizen of foreign country? 18 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Henry Whitfield

3. (b) If veteran, name war: no

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: Bettie Whitfield

6. (c) Age of husband or wife if alive: 54 years

7. Birth date of deceased: October (Month) 18 (Day) 1892 (Year)

8. AGE: Years	Months	Days	If less than one day
54	11	26	hr. min.

9. Birthplace: Columbus, (City, town, or county) Miss. (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Scullin Steel Company

FATHER
12. Name: William Whitfield
13. Birthplace: Columbus, (City, town, or county) Miss. (State or foreign country)

MOTHER
14. Maiden name: Bettie Weatherspoon
15. Birthplace: Columbus, (City, town, or county) Miss. (State or foreign country)

16. (a) Informant: Bettie Whitfield
(b) Address: 3141 Rutger St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 10-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: E. B. Keane
(b) Address: 1221 N. Grand Blvd.

19. (a) OCT 1 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1947 hour 7 minute 05 A.M.

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.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: A. Sclerosis	
Due to: 94	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autops:	

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) 3

While at work? (e) Means of injury

23. Signature: Patrick C. Taylor Dep. Cor (M. D. or other)

Address: 1300 Clark Date signed: 10-15-47

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 Eugene Miller

Licensed Embalmer No. 3623

P. O. Address 1221-N. Gran

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.