. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 9 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43602

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11790

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 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 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 (If outside city or town limits, write "RURAL") 17
(d) Street No. 16a S. 21st. St. (If rural, give location) 7
22
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Larry Neal Whitfield
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 Single 0
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 30, 1947 (Month) (Day) (Year)

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

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Caro Neal Whitfield
13. Birthplace Memphis, Tenn. 1 (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Marian Dyle
15. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Marian Whitfield
(b) Address 16a So. 21st St.
17. (a) Burial (Burial, cremation, removal) (b) Date thereof 12/26/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem.
18. (a) Signature of funeral director Russell Und., Co.
(b) Address 2732 Pine Street
19. (a) DEC 26 1947 (Date received local registrar) (b) J. F. Broeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 12 day 24 year 1947 hour 5:00 minute A. M.
21. I hereby certify that I attended the deceased from 12:50 A.M. 11-30- 19 47 to 5:00 A.M. 19 47 that I last saw him alive on 12-24- 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity	Duration 24 Da.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

137

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 0
23. Signature B. L. Bowier (M. D. or other)
Address 2601 N. Whittier Date signed 12-26-47

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.