

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

10824
State File No. 2550
Registrar's No.

National Office of Vital Statistics
FILED MAR 23 1948

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County: St. Louis, MO
(b) City or town: St. Louis, MO
(c) Name of hospital or institution: 1335 Walton I
(d) Length of stay: 19 yrs
In this community: 19 yrs

3. (a) PRINT FULL NAME: Mrs Edna Whitten

3. (b) If veteran, name war: 3
3. (c) Social Security No.

4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Mr John Whitten
6. (c) Age of husband or wife if alive: 48

7. Birth date of deceased: 9 2 1892

8. AGE: 55 Years 6 Months 8 Days

9. Birthplace: Kentucky

10. Usual occupation: House Wife

11. Industry or business: Samuel Perry

12. Name: Unknown
13. Birthplace: Unknown

14. Maiden name: Unknown
15. Birthplace: Unknown

16. (a) Informant: J.H. Whitten
(b) Address: 1335 Walton

17. (a) Burial
(b) Date thereof: 3-15-1948
(c) Place: burial or cremation: Washington Park

18. (a) Signature of funeral director: Bennie Lane
(b) Address: 3103 Washington

19. (a) MAR 15 1948
(b) J. F. Budek

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: St. Louis
(c) City or town: St. Louis
(d) Street No: 1335 Walton
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 10 year: 1948 hour: 9 minute: 0

21. I hereby certify that I attended the deceased from March 10 1948 to March 10 1948
that I last saw her alive on March 10 1948
and that death occurred on the date and hour stated above.
Duration: 1 Day
Immediate cause of death: Cerebral Hemorrhage

Due to: Hypertension

Due to: 83

Other conditions: (Include pregnancy within 3 months of death)

Major findings: none
Of operations: none
Of autops: none

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (c) Means of injury

23. Signature: J. F. Budek (M. L. or other)
Address: 3103 Washington Date signed: 3/15/48

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

MOTHER PARTIAL

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.....

W. Claude Gordon

Licensed Embalmer No.....

3489

P. O. Address.....

4575 Alder

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.

[Handwritten mark]