

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3640**  
**03154**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Arkansas</b> b. COUNTY <b>Lee</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kinloch</b>		c. LENGTH OF STAY (In this place) <b>2 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Hughes</b>		3 <b>3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>31 Mc Arthur Ave</b>				d. STREET ADDRESS (If rural, give location) <b>General Delivery</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lula</b>		b. (Middle) <b>(none)</b>		c. (Last) <b>Whitfield</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 18 1949</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>7 Jan 1884</b>	
9. AGE (In years last birthday) <b>65</b>		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>			11. BIRTHPLACE (State or foreign country) <b>Hughes Arkansas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>		13a. FATHER'S NAME <b>Taylor Johnson</b>		13b. MOTHER'S MAIDEN NAME <b>Julie Reed</b>		14. NAME OF HUSBAND OR WIFE <b>Albert Whitfield</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Albert Whitfield Kinloch Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cause unknown</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>DIED WITHOUT MEDICAL ATTENDANCE</b> , 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Harold L. Linger MD</b>				23b. ADDRESS Act. Commr. of Health <b>St. Louis County Health Dept.</b>		23c. DATE SIGNED <b>1-21-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>21 Jan 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park</b>		24d. LOCATION (City, town, or county) (State) <b>Berkeley City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-22-49</b>		REGISTRAR'S SIGNATURE <b>Harold L. Linger MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Boyd Bros Funeral Home, Kinloch,</b>			

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

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

*Robert G Tate*

Student Embalmer No. *107*

working under my personal supervision.

Student .....

*G. G. Tate*

Student Embalmer

Signed

*Edward A. Flynn*

Licensed Embalmer No. *4444*

P. O. Address *4548<sup>c</sup> Bay Blvd*

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.

*Lueno 7664*