

FILED APR 21 1949

STANDARD CERTIFICATE OF DEATH

14284

State File No.

318

1003

Registrar's No. 3212

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3212			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 2625 Walnut Street (rear)			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital									
3. NAME OF DECEASED (Type or Print) David			a. (First)		b. (Middle)		c. (Last) Whitfield		
4. DATE OF DEATH April 6 1949		(Month) (Day) (Year)							
5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH September 20, 1905			
9. AGE (In years last birthday) 43		IF UNDER 1 YEAR 6		IF UNDER 1 YEAR 17		IF UNDER 1 Hrs. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Building		11. BIRTHPLACE (State or foreign country) Aberdeen, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John Whitfield			13b. MOTHER'S MAIDEN NAME Mary Lou ?			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Booker T. Jeffries		ADDRESS 2206 Carr St.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undet.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscess, right				Undetermined					
ANTECEDENT CAUSES				DUE TO (b) Undetermined					
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				None					
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 checked="" 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-20 , 19 49 , to 4-6 , 19 49 , that I last saw the deceased alive on 4-6 , 19 49 , and that death occurred at 8:15 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Booker T. Jeffries M.D.				23b. ADDRESS 2601 N Whittier		23c. DATE SIGNED 4-7-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1949 April 12, 1		24c. NAME OF CEMETERY OR CREMATORY Oakdale Cemetary		24d. LOCATION (City, town, or county) (State) LeMay, Mo.			
DATE REC'D BY LOCAL REG. APR 11 1949		REGISTRAR'S SIGNATURE J. B. Pasater		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Koonce		ADDRESS 1221 N. Grand			

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

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Deofice E. Cooper*
Licensed Embalmer No. 4600

P. O. Address 1221 N. Grand

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.