

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9382

39431

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>40 yr</u>		d. STREET ADDRESS (If rural, give location) <u>27-2620 Lawton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Homer G Phillips Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Walter</u>	b. (Middle) _____	c. (Last) <u>Whitfield</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Nov.</u> <u>15</u> <u>1949</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>About 66</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 48 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Clarksville Tenn</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Knob Whitfield</u>	13b. MOTHER'S MAIDEN NAME <u>Willie Whitfield</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>491-12-7749</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lyda Hughes</u>	ADDRESS <u>2620 Lawton</u>
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18. DATE 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Undetermined</u>		
	DUE TO (c) <u>Hypertensive Cardio-vascular</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Disease</u>		Undet.	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) <u>920</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by car</u>
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22. I hereby certify that I attended the deceased from 11-6, 1949, to 11-15, 1949, that I last saw the deceased alive on 11-15, 1949, and that death occurred at 3:50a m., from the causes and on the date stated above.

23a. SIGNATURE <u>James J. Hedrick</u> (Degree or title) H. D. (U)	23b. ADDRESS <u>2601 N Whittier St</u>	23c. DATE SIGNED <u>11-16-49</u>
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24a. BURIAL, CREMATION, REPOSITORY (Specify) <u>buried</u>	24b. DATE <u>Nov 19.49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Missouri</u>
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DATE REC'D BY LOCAL REG. <u>NOV 16 1949</u>	REGISTRAR'S SIGNATURE <u>J. B. Sasater</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. W. Hughes</u>	ADDRESS <u>2620 Lawton</u>
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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.....

....., Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

James A. Carter

Licensed Embalmer No. 4681

P. O. Address 4923 Suburban

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.