

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35460**
Registrar's No. **8198**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give townshp) OR TOWN **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **4025 Fairfax Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**
d. STREET ADDRESS (If rural, give location) **4025 Fairfax Avenue**

3. NAME OF DECEASED
a. (First) **Mattie** b. (Middle) **Whitfield** c. (Last) _____
4. DATE OF DEATH (Month) (Day) (Year) **9/26/50**

5. SEX **Female** **3** **6. COLOR OR RACE** **Negro** **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) **Married**
8. DATE OF BIRTH **1/22/1900** **9. AGE** (In years last birthday) **50**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Coach Cleaner**
10b. KIND OF BUSINESS OR INDUSTRY **Penn. RR**
11. BIRTHPLACE (State or foreign country) **Meridan, Mississippi**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Sol** **13b. MOTHER'S MAIDEN NAME** **Unknown** **14. NAME OF HUSBAND OR WIFE** **Evans Whitfield**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** **16. SOCIAL SECURITY NO.** _____
17. INFORMANT'S SIGNATURE OR NAME **Marion Gathright** **ADDRESS** **4025 Fairfax**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **degenerative heart disease**
INTERVAL BETWEEN ONSET AND DEATH _____
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES
Morbid conditions, if any, giving DUE TO (b) _____
rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
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 NO

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) _____ **21e. INJURY OCCURRED WHILE AT WORK** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR** **H22, 2**

22. I hereby certify that I attended the deceased from **5-9**, 19**50**, to **9-18-**, 19**50**, that I last saw the deceased alive on _____, 19____, and that death occurred at **104** m., from the causes and on the date stated above.

23a. SIGNATURE **E. H. S. Rosen M.D.** (Degree or title) **U** **23b. ADDRESS** **1418 Franklin Avenue** **23c. DATE SIGNED** **9/28/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** **24b. DATE** **10/2/50** **24c. NAME OF CEMETERY OR CREMATORY** **Washington Park Cem.** **24d. LOCATION** (City, town, or county) (State) **St. Louis, Missouri**

DATE REC'D BY LOCAL REG. **SEP 29 1950** **REGISTRAR'S SIGNATURE** **J. B. Casater** **25. FUNERAL DIRECTOR'S SIGNATURE** **Chas. J. Gates** **ADDRESS** **4107 Finney Avenue**

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John R. Cunningham

Licensed Embalmer No..... 4476.....

Signed.....
Student Embalmer

P. O. Address 4107 Finney Avenue

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.