

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 25491
5828
Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 25491 5828		Registrar's No.					
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		2219							
d. FULL NAME OF HOSPITAL OR INSTITUTION ST LOUIS STATE HOSP				d. STREET ADDRESS (If rural, give location) 2826 EASTON AVE.									
3. NAME OF DECEASED (Type or Print) MARY			a. (First)			b. (Middle)			c. (Last) WHITFIELD				
4. DATE OF DEATH		(Month) June		(Day) 27		(Year) 1951							
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED		8. DATE OF BIRTH Oct 5, 1914		9. AGE (In years last birthday) 36		10. IF UNDER 1 YEAR: 8 Months, 22 Days		11. IF UNDER 18 HRS. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR				10b. KIND OF BUSINESS OR INDUSTRY BAG FACTORY				11. BIRTHPLACE (State or foreign country) MERIDAN MISS		12. CITIZEN OF WHAT COUNTRY USA			
13. FATHER'S NAME DAVID WALKER				13b. MOTHER'S MAIDEN NAME LUCILLE DUNGEON				14. NAME OF HUSBAND OR WIFE EDGAR 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 ADDRESS Lucille Maye 2826 EASTON AVE					
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) Pulmonary Tbc								INTERVAL BETWEEN ONSET AND DEATH 1951X			
*This does not mean the mode of dying, such as heart failure, asthenia, 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 <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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? POZY									
22. I hereby certify that I attended the deceased from June 18, 1951, to June 27, 1951, that I last saw the deceased alive on June 27, 1951, and that death occurred at 12:50 P.M. from the causes and on the date stated above.													
23a. SIGNATURE Paul Y. Hartman (Degree or title) M.D.				23b. ADDRESS 5400 Arsenal St.				23c. DATE SIGNED June 28					
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-30-51		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY MO							
DATE REC'D BY LOCAL REG. JUN 29 1951		REGISTRAR'S SIGNATURE J. B. Lasater				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennie Love 3103 Washington							

(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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

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.