

No. 2
5-43
-17-39
X36671

FILED OCT 18 1948

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8619

Registration District No. _____ Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Res: 1359 Burd Avenue, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County _____

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")

(d) Street No. 1359 Burd Avenue,
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED J. WILHITE.

3. (b) If veteran, name war None.

3. (c) Social Security No. None.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 2
year 1948 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1
(11) 1948 to 10/2 1948
that I last saw him alive on Oct, 1 1948
and that death occurred on the date and hour stated above.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Goldie B. Wilhite.

6. (c) Age of husband or wife if alive 62. years

7. Birth date of deceased October 1, 1875.
(Month) (Day) (Year)

Immediate cause of death Carcinoma of Spleen
Duration 3 yrs

Due to _____

Due to _____

Other conditions 55
(Include pregnancy within 3 months of death)

8. AGE	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>73.</u>	<u>0.</u>	<u>1.</u>	hr. _____ min.

9. Birthplace Centertown, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Railway Postal Clerk.

12. Name Kinsey Wilhite.

13. Birthplace Unknown, Tennessee.
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Fletcher.

15. Birthplace Centertown, Missouri.
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Major findings: None

Of operations _____

Of autopsy None

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Goldie B. Wilhite.

(b) Address 1359 Burd Avenue,

17. (a) Shipment. (b) Date thereof 10/4/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Centertown, Missouri.

18. (a) Signature of funeral director C.R. Lupton & SONS.

(b) Address 7233 Delmar Blvd.,

19. (a) OCT 4 1948 (b) J. F. Budeck
(Date received local registration) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature G. Wilhite (M. D. or other) _____
Address 3164 Watson Road Date signed 10/2/48

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

MOTHER FATHER

5164 Olafson Rd.
No. - 4593.

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.