

No 2605

## CITY OF ST. LOUIS

Bureau of Vital Statistics  
DIVISION OF HEALTH

No. of Certificate 6032

## CERTIFIED COPY OF DEATH

Full Name William Whitaker Place of Death 2722 S. 7th Street

Address: No. \_\_\_\_\_ Street \_\_\_\_\_

## UNDERTAKER'S REPORT OF DEATH

SEX	Male	COLOR	White
DATE OF BIRTH	(Month) ---	(Day) ---	(Year XXX) 1864
AGE	YEARS 37	MONTHS 8	DAYS ---
SINGLE, MARRIED, WIDOWED OR DIVORCED	Single		
BIRTHPLACE (State or Country)	St. Louis		
NAME OF FATHER	----		
BIRTHPLACE OF FATHER (State or Country)	United States		
MAIDEN NAME OF MOTHER	----		
BIRTHPLACE OF MOTHER (State or Country)	United States		
OCCUPATION	Barkeeper		
<u>St. Matthew</u> Cemetery.			
<u>Phil A. Schmitt</u>			Undertaker.

## MEDICAL CERTIFICATE OF DEATH

(To be signed by physician last in attendance of deceased)

Date of Death July 15, 1902  
Month Day YearI HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_  
19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
The CAUSE OF DEATH was as follows: Phthisis PulmonalisDuration 4 months  
Contributory \_\_\_\_\_  
Duration \_\_\_\_\_ Days  
(Signed) A. Fulton M. D.  
July 15, 1902 Address \_\_\_\_\_Burial Permit Filed July 15, 1902Helen L. Bruce, M.D.  
Health Commissioner.Bertha Marketer  
Deputy Registrar.

OFFICE OF HEALTH DEPARTMENT:—I, the undersigned, Secretary to Health Commissioner, hereby certify the foregoing to be a true copy from the Death Records in this office.

FEE \$2.00

Dorothy Whalen  
RegisterLouis Dunajsek  
Secretary to Health Commissioner.

Countersigned:

Raymond T. Fenwick  
COMPTROLLER