

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

38772

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City..... (No. 3833 Iowa Ave)

File No.
Registered No. 11191
St. Ward)

2. FULL NAME

Richard M Whelan
(a) Residence. No. 3833 Iowa Ave St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Jane Whelan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 5 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 1 10

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired 7 yrs
(b) General nature of industry, business, or establishment in which employed (or employer) Book Binder
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

10. NAME OF FATHER Michael Whelan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

12. MAIDEN NAME OF MOTHER Ann O Toole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mary Jane Whelan
(Address) 3833 Iowa Ave

15. FILED 17 1929 Mary O Stahler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 15 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 15, 1929, to Nov 15, 1929, that I last saw h. live on Nov 15, 1929, and that death occurred, on the date stated above, at 8:40 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Arterio-Sclerosis
982
157 R

CONTRIBUTORY (SECONDARY) Chronic Myocarditis - Arteriosclerosis (duration) yrs. mos. 4 ds.

(duration) yrs. 6 mos. ds.

18. WHERE WAS DISEASE CONTRIBUTED IF NOT AT PLACE OF DEATH. St Louis

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Physician
(Signed) R Oalyman, M. D.

11/16 . 1929 (Address) University Club

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL 11-18 1929

20. UNDERTAKER Southern ADDRESS 7315
J Boly

WRITE PLAINLY, WITH FADING INK---THIS IS A PERMANENT RECORD

K. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

150 12 85

Dr. Alexander