

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

Do not use this space.

31837

1. PLACE OF DEATH

County Registration District No. 791
 Townshp. Primary Registration District No. 055
 City St Louis (No. 2007, Destrahan St. Ward)

File No.
 Registered No. 8594

2. FULL NAME

(a) Residence, No. St., 26 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 <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sallie Whalen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 28 1867</u>		
7. AGE IN YEARS <u>66</u>	MONTHS <u>7</u>	DAYS <u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Granite cutter</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>		
13. NAME <u>John Whalen</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
15. MAIDEN NAME <u>Fannie Shannon</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ireland</u>		
17. INFORMANT (ADDRESS) <u>Sallie Whalen</u> <u>2007 Destrahan St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cahway</u> DATE <u>Oct 4</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Orth & Donnelly, 26</u> <u>3800 Broadway</u>		
20. FILED <u>Oct 3 1933</u> <u>J. F. Bredeck</u> Registrar.		

3. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1933

22. I HEREBY CERTIFY, That I attended deceased from 7/3 1932 to 9/30 1933
 I last saw him alive on 9/30 1933 Death is said to have occurred on the date stated above, at 8:00 p.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset 11/13
2-7-33
9/1
 Other contributory causes of importance Emphysema (pulmonic)
Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? X-ray Was there an autopsy? —

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury —
 Nature of injury —

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify —
 (Signed) H. J. Niebuerg M.D.
 (Address) 3621 N 20th St
St Louis Mo

WITH UN-AGING IN. THIS IS A PERMANENT RECORD

on should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

NOV 10 1933

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Dr. H. M. Briggs

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