

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

39980
Do not use this space.

DEC 13 1937

791 / 2
1008

Registered No. 10967

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City..... St. Louis..... (d) Street No..... 5351 Delmar Blvd..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred Life yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Rebecca M. Whitney
 (a) Residence, No. 5351 Delmar Blvd. St. Louis, Mo. St. [12] (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
 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 Henry Whitney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 12, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 86 8 14

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) St. Louis, Mo.

FATHER
 13. NAME Hugh McManus

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newark, Delaware

MOTHER
 15. MAIDEN NAME Sarah Jane Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Chester, Pa.

17. INFORMANT Mrs. Wilmoth Waller
 (ADDRESS) 5351 Delmar Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE Nov. 29, 1937

19. FUNERAL DIRECTOR Wm. F. Paschedag
 (ADDRESS) 2825 N. Grand Blvd.

20. FILED NOV 28 1937 St. Bredeck
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) ~~August~~ ^{Nov.} 26, 1937

22. I HEREBY CERTIFY, That I attended deceased from September 12, 1932 to November 26, 1937
 I last saw her alive on November 26, 1937 Death is said to have occurred on the date stated above, at 9.53 P. M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis, Chronic
 Date of onset 5 yrs-10 Mo.

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? Phy. Ex. Was there an autopsy? NO.

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 Solomon Cameron
 (Signed) _____ (Address) 508 N. Grand Blvd.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. 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.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, Wm. F. Paschedag, Licensed Embalmer No. 2311
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Guy W. Wilkinson
L. E.
No. 3575 or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____
Licensed Embalmer No. 2311

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.)