REC'D SEP 12 1938

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

27129
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. .....

(b) Township ..... Primary Registration District No. ..... Registered No. 7143

(c) City ST. LOUIS MO. (d) Street No. 3952 CLEVELAND AV. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDWARD F. WHELAN. 450

(a) Residence, No. 3952 CLEVELAND AV. St. 17
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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~~ JULIA WHELAN

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 20-1863

7. AGE: YEARS 75 | MONTHS 5 | DAYS 21 | If LESS than 1 day, ...hrs. or, ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RETIRED
9. Industry or business in which work was done, as saw mill, bank, etc. CONTRACTOR.
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) IRELAND. 5

FATHER

13. NAME JOHN WHELAN. 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND 5

MOTHER

15. MAIDEN NAME MARGARET UNK.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND.

17. INFORMANT (ADDRESS) JULIA WHELAN 3952 CLEVELAND.

18. BURIAL, CREMATION, OR REMOVAL
PLACE CALVARY CEM. DATE AUG 12 1938

19. FUNERAL DIRECTOR (ADDRESS) E. J. Schnur. 3125 Lafayette av.

20. FILED AUG 11 1938, 19 ..... J. D. Budick
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) AUG. 10 1938

22. I HEREBY CERTIFY, That I attended deceased from AUG 3, 1938 to AUG. 9, 1938
I last saw him alive on AUG. 9, 1938. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
CEREBRAL HAEMORRHAGE	

Other contributory causes of importance
SENILITY

Name of operation NONE Date of NONE
What test confirmed diagnosis? — Was there an autopsy? NO

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None 19....
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
HOME
Manner of injury —
Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify .....
(Signed) H. F. Westphaelinger, M. D.
(Address) 1901 Alfred Ave.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Jos B Vollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Jos B Vollmer.

Licensed Embalmer No. 4014

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)