

REC'D MAR 13 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH791
10034852
Do not use this space.

1545

Registered No. _____
St. _____

1. PLACE OF DEATH

- (a) County _____ Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 or St. Louis
 (c) City _____ (d) Street No. 4737 Lee Avenue
 (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

- 3110 Ingham W. Whitehill,
 (a) Residence, No. 4737 Lee Avenue St. 7
 (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 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 Kate Whitehill (Salmon)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 75 0 26

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. Asst. Treas. City
 10. Date deceased last worked at this occupation (month and year) St. Louis (Years spent in this occupation)

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

FATHER
 13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

MOTHER
 15. MAIDEN NAME Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

17. INFORMANT (ADDRESS) Mrs. Kate Whitehill
 4737 Lee Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE Feb. 18, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Math. Hermann & Son
 2161 East Fair Avenue

20. FILED FEB 17 1939 J. B. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1934 to Feb 15 1939
 I last saw him alive on Feb 1 1939. Death is said to have occurred on the date stated above, at 5:45 A.M.

The principal cause of death and related causes of importance were as follows:

Coronary thrombosis
 Date of onset 1934

Other contributory causes of importance:
 Hypertension
 Myocarditis
 1934
 1934

Name of operation No. Date of _____
 What test confirmed diagnosis? Clinical 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? No.
 If so, specify _____

(Signed) M. D. _____
 (Address) 4176th _____ Ave.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Lance Hampton*

Licensed Embalmer No. 2967

P. O. Address 261 E. Fair

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.)

If this body is not embalmed, above space should be left blank.