

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.

22 1939
96
7
4

REC'D MAR 9 1939

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

7866
Do not use this space.

1. PLACE OF DEATH 2

(a) County St. Louis Registration District No. 784

(b) Township Jefferson Primary Registration District No. 117

(c) City Webster Groves (d) Street No. 532 TUXEDO Registered No. 321

(e) Length of residence in city or town where death occurred 4 yrs. — mos. — ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME BESSIE WITWER WHARTON

(a) Residence, No. 532 TUXEDO St. (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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Burton T Wharton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-10-1858

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>81</u>	<u>-</u>	<u>12</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as saw mill, bank, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 - 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan-6-1939, to Feb 22 - 1939

I last saw her alive on Feb 22 - 1939. Death is said to have occurred on the date stated above, at 10 a.m.

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

Carcinoma of Breast Date of onset 1932

50

Other contributory causes of importance:

Cp. of head of tumor 4-19-35

Chronic Bronchitis 5-25-37

Ch of Bladder

Name of operation Removal of tumor Date of 1-8-39

What test confirmed diagnosis Path. 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) Ralph E. Charlton M. D.

(Address) Webster Groves

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rockford, Illinois

FATHER

13. NAME Weaver Witwer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Pa Pennsylvania

MOTHER

15. MAIDEN NAME Ellen Parsons

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tonawanda New York

17. INFORMANT Mrs. J. T. Hanley

(ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE Topeka Kan. DATE 2-24-1939

19. FUNERAL DIRECTOR Walter R. Meyer

(ADDRESS) 1000 Webster Groves

20. FILED FEB 22 1939 J. R. Meyer Local Registrar

STATEMENT BY LICENSED EMBALMER

I, Orin B. Long....., Licensed Embalmer No. 1581

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 Orin B. Long.....

Licensed Embalmer No. 1581

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.)