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.

REC'D APR 12 1939

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

8601
Do not use this space.

2366

1. PLACE OF DEATH
(a) County 2 Registration District No.
(b) Township 1 Primary Registration District No. Registered No.
(c) or City ST. LOUIS MO. (d) Street No. 2647A RUTGER 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 430 RUTH A. WILHITE
(a) Residence, No. 2647A RUTGER ST. St. 22
(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: EVERETT WILHITE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JUNE 1, 1912
7. AGE: YEARS 26 MONTHS 9 DAYS 9 If LESS than 1 day, ...hrs. or ....min.

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. HOUSEKEEPER
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, MISSOURI

FATHER
13. NAME: WALTER GULICK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

MOTHER
15. MAIDEN NAME: ALA PAYTON
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MISSOURI

17. INFORMANT (ADDRESS): EVERETT WILHITE 2647A RUTGER ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE: LAKE CHARLES CEM. DATE: MARCH 13, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): C. J. Schnur 3125 Lafayette av.
20. FILED: MAR 13 1939 J. F. Bredick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MARCH 10, 1939
22. I HEREBY CERTIFY, That I attended deceased from 3/3/39, 19..., to 3/10/39, 19...
I last saw her alive on 3/9/39, 19... Death is said to have occurred on the date stated above, at 5:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Influenza	3/1/39
Other contributory causes of importance: Bronchio Pneumonia	3/4/39

Name of operation: none Date of
What test confirmed diagnosis? Phys. 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? no
If so, specify
(Signed) E. C. Tenaini M. D.
(Address) 2901 Big Bend Bl.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave

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

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