

DEC'D SEP 14 1939

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

27673
Do not use this space.

1. PLACE OF DEATH

(a) County ST. LOUIS 3
 (b) Township ST. LOUIS 1
 (c) City
 (d) Street No. 3651 Vista Ave. 791
 (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. 1008
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.

Registered No. 7173

2. PRINT FULL NAME

342 Diana Whitlock
 (a) Residence, No. 1031 St. Ange 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-9-39

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 8

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.
 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 0

FATHER 13. NAME BERT WHITLOCK 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ALTON, ILL. 0

MOTHER 15. MAIDEN NAME RUBY THURMAN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) VALLEY MINES, MO.

17. INFORMANT (ADDRESS) Berta Whitlock
1031 St. Ange St18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews Cem in St. Matthews Cem DATE 8/18/3919. FUNERAL DIRECTOR (ADDRESS) A. W. McLaughlin
2301 Lafayette Ave20. FILE AUG 18 1939 J. D. Pruden Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-17-193922. I HEREBY CERTIFY, That I attended deceased from 8-10-39 19, to 8-17-39 19.I last saw her alive on 8/17/39 19. Death is said to have occurred on the date stated above, at 4:35 m.

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

Enteritis Date of onset 8/19/39

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? Was there an autopsy?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 Dyscherges
(Signed) Be the only Hospital M. D.
(Address)

(Licensed Embalmer's Statement on Reverse Side)

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

50M-7-20-37
1 X12064

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, _____, Licensed Embalmer No. _____

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 *L. W. Chapman*

Licensed Embalmer No. *8633*

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.)