

5207
 DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 OCT 14 1939 791
 1008
 MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH
 State File No. 30505
 Registrar's No. 7568
 1. PLACE OF DEATH:
 (a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (c) Name of hospital or institution: City Hospital
 (d) Length of stay: In hospital or institution 1 Mo. 14 Days
 In this community 1 Mo. 14 Days
 3. (a) PRINT FULL NAME Marie Whitlock 3418-
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Wm. J. Whitlock 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 21, 1866
 8. AGE: Years 73 Months 7 Days 9 If less than one day _____ hr. _____ min.
 9. Birthplace Unknown Germany
 10. Usual occupation Housewife
 11. Industry or business _____
 MOTHER FATHER { 12. Name Rudolph Brickner
 13. Birthplace Unknown Germany
 14. Maiden name Unknown
 15. Birthplace Unknown Unknown
 16. (a) Informant's own signature Edward Murray
 (b) Address 3839 Easton Ave.
 17. (a) Burial (b) Date thereof 9/1/39
 (c) Place: burial or cremation Memorial Park Cem
 18. (a) Signature of funeral director Albert H. Hoppe
 (b) Address 4700 Washington Blvd.
 19. (a) SEP 1 1939 (b) _____
 (Date received local registrar) _____
 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
 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.

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (d) Street No. 3839 Easton Ave.
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 30, year 1939 hour 11:45 minute 11 A. M.
 21. I hereby certify that I attended the deceased from July 14, 1939 to August 30, 1939
 that I last saw her alive on August 30, 1939 and that death occurred on the date and hour stated above.
 Immediate cause of death Terminal Bronchopneumonia
 Due to Invalidism
 Due to Arteriosclerosis & embolism
 Other conditions (include pregnancy within 3 months of death) _____
 Major findings: Of operations None
 Of autopsy None
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
 While at work? _____ (Specify type of place) _____ (e) Means of injury _____
 23. Signature _____ (M. D. or other) _____
 Address City Hospital, #1 Date dictated 8/30/39

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 Rev. 5-1-39
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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 Guy W. Wilkinson

Licensed Embalmer No. 3595

P. O. Address.....

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.