

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

REV. 5-17-39
I 119511

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.

1. PLACE OF DEATH: **St. Louis Co.** 3
 (a) County
 (b) City or town **North St. Louis**
 (c) Name of hospital or institution: **3715 St Anns**
 (d) Length of stay: **60 yrs**
 In this community **60 yrs**
 3. (a) PRINT FULL NAME **David Whiteside**
 3. (b) If veteran, name war **none**
 3. (c) Social Security No. **none**
 4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **S**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **Jan. 19, 1880**
 8. AGE: Years **60** Months **0** Days **4** If less than one day _____ hr. _____ min.
 9. Birthplace **St. Louis Missouri**
 10. Usual occupation **Carpenter**
 11. Industry or business **Self**
 12. Name **Sam Whiteside**
 13. Birthplace **Ireland**
 14. Maiden name **Mary McCall**
 15. Birthplace **Scotland**
 16. (a) Informant's own signature **Mary King**
 (b) Address **1664 Lulu**
 17. (a) **Burial** (b) Date thereof **1/25/40**
 (c) Place: burial or cremation **Memorial Park**
 18. (a) Signature of funeral director **J. N. McLaughlin**
 (b) Address **2301 Lafayette Ave**
 19. (a) **JAN 25 1940** (b) **R. Meyer**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **St. Louis CO.**
 (c) City or town **Wellston**
 (d) Street No. **1664 Lulu**
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **Jan.** day **23**
 year **1940** hour **5** minute **P.** M.
 21. I hereby certify that I attended the deceased from **1/2**
 _____, 1940, to **1/23**, 1940
 that I last saw him alive on **1/23** and that death occurred on the date and hour stated above.
 Immediate cause of death **Coronary Thrombosis** Duration **1 da**
 Due to **Atherosclerosis** ?
 Due to _____ ?
 Other conditions **Chronic Endocarditis** ?
 (Include pregnancy within 3 months of death)
 Major findings: **92a** PHYSICIAN _____
 Of operations _____ Underline the cause to which death should be charged statistically.
 Of autopsy _____
 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 **Jeffrey** (M. D. or other) _____
 Address **Jeff Bho Tral** Date signed _____

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 R. Casper

Licensed Embalmer No. 3633

P. O. Address 2301 Lafayette

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.