

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 1986

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Homer G Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
In this community Unknown  
years, months or days (Specify whether)

8. (a) PRINT FULL NAME 3.55 Laura Whitman

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color Col 6. (a) Single, widowed, married, divorced Married  
race \_\_\_\_\_

5. (b) Name of husband or wife Thomas Whitman 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased January 6 1983  
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Tex.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

12. Name Sain Stanley

13. Birthplace Tex.  
(City, town, or county) (State or foreign country)

14. Maiden name Suse ?  
(City, town, or county) (State or foreign country)

15. Birthplace Tex.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Whitman

(b) Address 1310 N. 15th Street

17. (a) Burial (b) Date thereof 2-29-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director A. G. Green

(b) Address 2915 Franklin Ave.

19. (a) FEB 27 1940 (b) J. J. Greub  
(Date of record) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 25  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1310 N 15th  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28  
year 1940 hour 4:00 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from Feb 19, 1940, to Feb 23, 1940;  
that I last saw her alive on Feb 23, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho pneumonia  
Cholelithiasis  
Duration 4 das  
2-4 mos

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: MM  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy Cholelithiasis

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 H. J. Lyman (M. D. or other) \_\_\_\_\_  
Address 2601 N Whitfyer Date signed \_\_\_\_\_

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

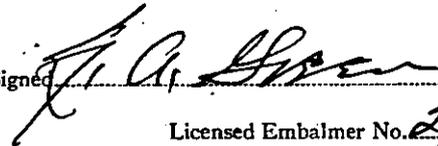
**STATEMENT BY LICENSED EMBALMER**

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. 2963

P. O. Address 2915 Franklin

**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.**