

No. 2  
4-13-40  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

33485  
8182

NOV 16 1940 791  
Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: St Lukes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Alonzo J Whetton

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Margaret Whetton 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 18 1847  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
93 5 12 hr. \_\_\_\_\_ min.

9. Birthplace E Liverpool Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Engineer 4

11. Industry or business Retired 20 Yrs 4

12. Name George Whetton

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

14. Maiden name Unknown

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

16. (a) Informant G.L. Whetton

(b) Address 2407 Baldwin ave, Overland, Mo

17. (a) Burial (b) Date thereof Oct-2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's cemetery

18. (a) Signature of funeral director A. Frank R. H. Co

(b) Address 2707 n Grand Blvd

19. (a) OCT 1 1940 (b) J. F. [Signature]  
(Date received local registrar) (City and county)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St Louis  
(If outside city or town limits, write "RURAL") 19  
(d) Street No. 3643 Washington Ave  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1940 hour 6 minutes 30 A. M.

21. I hereby certify that I attended the deceased from Sept 21  
1940 to Sept 30 1940  
that I last saw him alive on Sept 29 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia 6 day  
unspecified  
Due to Secondary weak heart  
no definite heart disease  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

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

Of autopsy \_\_\_\_\_

Duration

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)  
Means of injury MONTRAGUE

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address St Lukes Hospital Date signed \_\_\_\_\_

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

MOTHER FATHER

STATE OF ILLINOIS

DEPARTMENT OF HEALTH

**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.....

*Paul H. Kuller*

Licensed Embalmer No. *8231*

P. O. Address *2807 N. Grand*

**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, fact should be so stated above.**