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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 2007

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5230 Gresham  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME James Harvey Willhite

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Pearl Willhite 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased April 11, 1884  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
56 6 11 hr. min.

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

10. Usual occupation Nil

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

12. Name George Willhite

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

14. Maiden name Eliza Beers

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

16. (a) Informant Mrs Roy Laramore

(b) Address 4317 W. Papin

17. (a) Burial (b) Date thereof 10/25/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Viburnum, Mo.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) OCT 24 1940 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22  
year 1940 hour 5.00 A.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct. 4, 1940 to Oct. 22, 1940;  
that I last saw him alive on Oct. 22, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cardio-Vascular Renal disease, Chr. Generalized Arteriosclerosis, Chr. extreme Malignant Hypertension  
Secondary: Cerebral Apoplexy in area third convolution of cerebrum right, with complete hemiplegia left,

Other conditions: Uremia 2-3 wks.

Uremic Coma, 3-4 days, Myocardial Failure

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 [Signature] (M. D. or other) M.D.  
Address 3718 Jennings Rd., Pine Lawn Date signed 10-22-40

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

**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.....

.....  
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Licensed Embalmer No. *12684*

P. O. Address *St Louis Mo*

**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.**