No. 2
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PAUL R Whitener

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4292

FEB 14 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 30

96
13
1

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

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3327 MARVIN
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST LOUIS 96
(c) City or town OVERLAND 13
(If outside city or town limits, write "RURAL") 1
(d) Street No. 3327 MARVIN
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME VIRGINIA MARIE CORDES

3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife ALVIN
6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased OCTOBER (Month) 1 (Day) 1906 (Year)

8. AGE: Years 34 Months 3 Days 3 If less than one day hr. min.

9. Birthplace ELWOOD (City, town, or county) IND. (State or foreign country) 1
10. Usual occupation HOUSEWIFE
11. Industry or business AT HOME

FATHER
12. Name McTAGGART
13. Birthplace ELWOOD (City, town, or county) IND (State or foreign country) 1

MOTHER
14. Maiden name JULIA A ROBERTS
15. Birthplace TURKEY HILL (City, town, or county) ILL. (State or foreign country) 1

16. (a) Informant ALVIN CORDES
(b) Address 3327 MARVIN
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-7-41 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM.
18. (a) Signature of funeral director BAUMANN BROTHERS
(b) Address 2504 WOODSON OVERLAND
19. (a) JAN 6 - 1941 (Date received local registrar) (b) R. Meyer MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 4
year 2 hour 56 minute A M.
21. I hereby certify that I attended the deceased from 1929, 19, to Jan 4, 1941
that I last saw her alive on Jan 3, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death General Carcinomatosis (General Debility)	1½ yrs
Due to Carcinoma of Cervix Uteri	
Due to [illegible]	
Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death)	11 yrs +
Major findings: Of operations Carcinoma of Cervix	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul R. Whitener (M. D. or other) MD.
Address 8923 Midland, Overland Mo Date signed 1-4-41

(Licensed Embalmer's Statement on Reverse Side)

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. 3501

P. O. Address Overland Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.