No. 2
-1-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 25 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16382

Registration District No. 791 Primary Registration District No. Registrar's No. 3900

1003

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Marys Infirmary ()
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 41 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 122
(If outside city or town limits, write "RURAL")

(d) Street No. 2819a Walnut 9
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edward Whiteside

3. (b) If veteran, name war —

3. (c) Social Security No. 486-18-0483

4. Sex M I

5. Color or race Col

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Cathleen

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased July (Month) 4th (Day) 1875 (Year)

8. AGE: Years 65 Months 10 Days 2 If less than one day hr. min.

9. Birthplace (City, town, or county) 1 Ky (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) unknown (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant Cathleen Whiteside
(b) Address 2819a Walnut St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-9-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J H Randle & Son
(b) Address 3133 Bell ave

19. (a) MAY 8 1941 (Date received local registrar) (b) J F Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5th day 6th
year 1941 hour 4 minute 35 A.M.

21. I hereby certify that I attended the deceased from 5-3-41
, 19 , to 5-6-1941
that I last saw him alive on 5-6-1941
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Dilatation

Due to Arteriosclerotic

Due to Heart Disease & Hypertension

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Hypertrophied Heart Nephrosclerotic Kidney

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

23. Signature L S Davis (M. D. or other) M.D.
Address 1536 Papin Date signed 5-7-41

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

(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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Shoute

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

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