

No. 2  
1-441  
17-39  
X2839

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40198

State File No.

9926

ED JAN 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3308 Watson Rd.  
(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 Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3308 Watson Rd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th  
year 1941 hour 10-10- minute P.M. M.  
21. I hereby certify that I attended the deceased from August  
28 1941 to Dec 12 1941;  
that I last saw him alive on Dec 11th 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch Myocardial  
Ch Int Nephritis  
Duration unknown

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

Other conditions Obesity  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations none

Of autopsy non

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) no  
(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 J. F. Predeck (M. D. or other)  
Address 1003 S. Perry St. Date signed 12/13/41

3. (a) PRINT FULL NAME John H. Whitmore

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

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

6. (b) Name of husband or wife Florence Whitmore 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Jan. 14th 1878  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
63 10 29 hr. min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Professional Bondsman

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

12. Name John Whitmore

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Unknown

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Earl D. Whitmore

(b) Address 3308 Watson Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-16-41  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) DEC 15 1941 (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

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

2202 So. Broadway  
2:30 Unit 11

**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 Reinhold K. Lehman

Licensed Embalmer No. 3395

P. O. Address.....

**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.**