

FILED OCT 6 1942
Registration District No. 318

Primary Registration District No. 1003

State File No. _____

Registrar's No. 8007

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

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:
Park Lane Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 Days
(Specify whether _____)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME Delores McWhirter

3. (b) If veteran, name war *****

3. (c) Social Security No. *****

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Robert E. McWhirter 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 27 1915
(Month) (Day) (Year)

8. AGE: Years Months Day If less than one day

27 0 28 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Robert E. McWhirter

(b) Address Gravois and Saline Lane

17. (a) Burial (b) Date thereof Sept 28 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Peetz Brothers
3029 Lafayette Ave

(b) Address SEP 27 1942

19. (a) (Date received local registrar) (b) J. F. Peetz (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Valley Park
(If outside city or town limits, write "RURAL")

(d) Street No. Gravois and Saline Lane
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 25th day September
year 1942 hour 1:45 minute _____ A. M.

21. I hereby certify that I attended the deceased from 8-12-42 19____ to 9-25-42 19____

that I last saw her alive on 9-25-42 19____

and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Degenerated heart muscle due to

Due to hypertrophy of

Due to _____

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

Major findings: _____

Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. F. Peetz (Registrar's signature) M. D.

Address 4938 Lincoln Date signed 9-26-42

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 Frank J. Jones

Licensed Embalmer No. 5245

P. O. Address 202 1st St N

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.