32562

. S. No. 2
)M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 28 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Primary Registration District No. 1003

Registrar's No. 8691

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: 7065 Marquette 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000 17

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

(c) City or town St. Louis 3 9
(If outside city or town limits, write "RURAL")

(d) Street No. 7065 Marquette
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Rube Whited

3. (b) If veteran, name war no

3. (c) Social Security No. 702-07-2308

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mamie Whited

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased May 9, 1881 (Month) (Day) (Year)

8. AGE: Years 61 Months 5 Days 9 If less than one day hr. min.

9. Birthplace Moselle, Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Loc. Engineer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Marie Whited
(b) Address Des Peres, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-20-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester

19. (a) OCT 20 1942 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18 year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 1940, 19, to Oct. 1942, 19; that I last saw him alive on Oct. 14, 1942 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Coronary Occlusion

Due to Chronic Endocarditis

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Theo. F. Riel (M. D. or other)

Address 7465 Hazel Date signed 10/20/42

(Licensed Embalmer's Statement on Reverse Side)

B

NOV 14 1955

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.....H E Burgess.....

Licensed Embalmer No.....4029.....

P. O. Address.....Maplewood.....

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.