

FILED NOV 4 1943 18

Registration District No.

Primary Registration District No. 100

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days
(Specify whether
In this community 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4713 1/2 Eastern Av.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20
year 1942 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from Oct 20
1942, to Oct 20, 1942
that I last saw him alive on: Oct 20, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage Duration 14 hrs
Due to Hypertensive Cardiovascular Disease years

Due to 1920
Other conditions (Include pregnancy within 3 months of death) 1917

Major findings: Of operations 11
Of autopsy 11

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 M. Rindskopf (M. D. or other) MD
Address Jewish Hospital Date signed 12/1/42

3. (a) PRINT FULL NAME FRANK WHITLOW

3. (b) If veteran. 0 3. (c) Social Security No. 497-16-8685

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 11 1974
(Month) (Day) (Year)

8. AGE: Years 68 Months 10 Days 9 If less than one day _____ hr. _____ min.

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

10. Usual occupation Shaw-felter

11. Industry or business _____

12. Name Benjamin R. Whitlow

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

14. Maiden name Lena Rose

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

16. (a) Informant Genevieve Jennings

(b) Address 4713 1/2 Eastern Av.

17. (a) Burial (b) Date thereof Oct 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director J. F. Dudek

(b) Address 138 1/2 Maple Blvd

19. (a) OCT 29 1942 (b) J. F. Dudek
(Date received local registrar) (Registrar's signature)

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

100
17
9

100

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 *Harry J. Schumacher*

License Embalmer No. *2679*

P. O. Address *732 Lemay Ferry Rd*

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.