

S. No. 2
M-5-42
5-17-39
11-22-29

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4921

State File No.

FEB 23 1943

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 1501

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:
5955 Waterman
(If not in hospital or institution, write street number or location)

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

In this community 67 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 009
175

(c) City or town St. Louis (If outside city or town limits, write "RURAL")
95

(d) Street No. 5955 Waterman (If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME GUSTAVUS ADOLPHUS WHITMER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Louise Vida

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

7. Birth date of deceased: April 4, 1854
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>10</u>	<u>9</u>	hr. _____ min.

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

10. Usual occupation Ret. Telegraph Operator

11. Industry or business Terminal R. R. Assn.

12. Name Jacob Whitmer

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

14. Maiden name Christine Jennowine

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

16. (a) Informant Albert Whitmer

(b) Address 5955 Waterman

17. (a) burial (b) Date thereof 2/16/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Alexander & Sons, Inc.

(b) Address FEB 15 1943 6175 Delmar Blvd.

19. (a) D. F. Bredeek (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB day SATURDAY 13
year 1943 hour 3 minute 0 P. M.

21. I hereby certify that I attended the deceased from JAN. 21, 1943 to FEB 13, 1943; that I last saw him alive on FEB 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death ACUTE DILATATION OF HEART

Due to ACUTE OEDEMA LUNGS

Due to CHR. ARTERIO SCLEROSIS

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

Major findings: _____

Of operations _____

Of autopsy _____

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. H. Shawland (M. D. or other)

Address 5802 Waterman Blvd Date signed 2/13/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

1138

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 Thomas R. Fenwick
Licensed Embalmer No. 3793
P. O. Address St Louis Mo

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.