

FILED JUN 7 1943

Registration District No. _____

Primary Registration District No. 2016

Registrar's No. 1260

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
651 E. Monroe
(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)

3. (a) PRINT FULL NAME Helen L. Wheadon

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced W 2

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

7. Birth date of deceased March 21 1858
(Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace New York (City, town, or county) - (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name John Laidlow
13. Birthplace Scotland (City, town, or county) (State or foreign country)
14. Maiden name Marian Hoyt
15. Birthplace Vermont (City, town, or county) (State or foreign country)

16. (a) Informant G. H. Worrall

(b) Address 651 E. Monroe, Kirkwood, Mo

17. (a) Cremation (b) Date thereof 5-28-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) MAY 29 1943 (b) E. J. McPhee, Jr.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis
(c) City or town Kirkwood
(If outside city or town limits, write "RURAL")
(d) Street No. 651 E. Monroe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Apr, 1938, to May 27, 1943;
that I last saw her alive on May 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Paralytic (Right)
Pulmonary Edema
Hypertensive Heart Disease
Arteriosclerosis
Diabetes

Duration
2 weeks
24 hours

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

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy: no

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 A. Victor Kees (M. D. or other) _____
Address 120 E. Calhoun Date signed May 28

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

1012 am 120 E. Lockwood

WILLIAMSON
5-2-8

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.....

Licensed Embalmer No.....

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.