

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

13
39
557

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

1138
435

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 27 1944
Registration District No. 518

State File No. _____
Registrar's No. _____

Primary Registration District No. _____

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:
FIRMIN DESLOGE HOSPITAL
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County 17
(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3952 CLEVELAND AV.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SARAH WHELAN
3. (b) If veteran, name war NO 3. (c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 13
year 1944 hour 7 minute 45 p.m.
21. I hereby certify that I attended the deceased from Dec 26
_____, 1943, to Jan 13, 1944;
that I last saw h. er alive on Jan 14, 1944;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife CLARENCE A. WHELAN
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOVEMBER 25 1899
(Month) (Day) (Year)

Immediate cause of death Toxemia due to peritonitis Duration 2 weeks
Due to Patient was op-erated upon for pelvic abscess in Dec 1943.
Cause of process Of operations. avop not known
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: _____
Of autopsy none

8. AGE: Years Months Days If less than one day
44 1 19 hr. _____ min.

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

10. Usual occupation HOUSEKEEPER
11. Industry or business OWN
12. Name HUGH HOGAN
13. Birthplace IRELAND.
(City, town, or county) (State or foreign country)
14. Maiden name HANORA CLARK
15. Birthplace IRELAND.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Clarence A. Whelan
(b) Address 3952 Cleveland av
17. (a) SHIPPED (b) Date thereof JAN 15 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation DENVER COLORADO
18. (a) Signature of funeral director E. J. Schuur
(b) Address 3125 Lafayette Ave
19. (a) JAN 14 1944 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature Thomas M. Matthe (M. D. or other)
Address 634 No Grand Date signed 1/14/44

804 (Licensed Embalmer's Statement on Reverse Side)

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 *Joseph B. Vollmer*
Licensed Embalmer No. *4014*
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.