

FILED MAR 20 1944
318

Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME George Whiteside

3. (b) If veteran, name war None 3. (c) Social Security No. None

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 June 29 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Whiteside Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name Pat Whiteside

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

14. Maiden name Della Ingram

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

16. (a) Informant Reed Ingram

(b) Address St. Louis, Mo.

17. (a) Burial (b) Date thereof 3-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eolia, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 10 1944 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pike
(c) City or town Eolia
(If outside city or town limits, write "RURAL") NR
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1944 hour 4:00 minute Al M.

21. I hereby certify that I attended the deceased from March 4, 1944, to Mar 10, 1944,
that I last saw him alive on Mar 9, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Perforated peptic ulcer 7 days

Due to _____

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

Major findings: Perforated peptic ulcer 3/4/44
(Perforation 24 hrs before operation)
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 0

23. Signature Olaf S. Shepper (M. D. or other) _____
Address 4500 Olive Date signed 3/10/44

JUN 16 1944

APR 18 1944

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 *John Gonolka*

Licensed Embalmer No. *3348*

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.