

FILED DEC 31 1944

Registration District No. 3063

Primary Registration District No. 3063

State File No. 2374

Registrar's No. 2374

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Louis Co. Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 days
(Specify whether
 In this community 34 yrs.
years, months or days)

3. (a) PRINT FULL NAME Jack Whitaker
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____

4. Sex m
 5. Color or race wh.
 6. (a) Single, widowed, married, divorced wid.
 6. (b) Name of husband or wife Ida Sh. Haman (decd)
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased 2 - 7 - 80
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 16
 If less than one day _____ hr. _____ min.

9. Birthplace Summerville Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

MOTHER FATHER
 12. Name Whitaker
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs O'Sullivan
 (b) Address O'Sullivan
 17. (a) St. Louis
(Burial, cremation, or removal) (City or town) (County) (State)
 (b) Date thereof 11-27-44
(Month) (Day) (Year)
 (c) Place: burial or cremation St. Louis

18. (a) Signature of funeral director W. P. ...
 (b) Address 3500 ...

19. (a) DEC 1 1944
(Date received local health officer)
 (b) G. E. McLawrence
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis Co.
 (c) City or town Normandy
(If outside city or town limits, write "RURAL")
 (d) Street No. 3715 St. Ann's Lane
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 20
 year 1944 hour 4 minute 20 A. M.
 21. I hereby certify that I attended the deceased from 11
14 1944 to 11 - 20 1944
 that I last saw him alive on 11 - 20 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of tongue
& in situ

Duration

Due to _____
 Due to 45 yr
 Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy _____

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? _____

While at work? _____
(Specify type of place)
 (e) Means of injury _____
 23. Signature H. Meyer (M. D. or other)
 Address County War Date signed _____

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

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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.