

Registration District No. 310 Primary Registration District No. 3058

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

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Charles
 (c) City or town St. Charles
(If outside city or town limits, write "RURAL")
 (d) Street No. 818 Oak
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Delphine Whiteside
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-22-2869

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July, day 10
 year 1945, hour 5.30 A.M. minute _____ M.

4. Sex female / 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Raymond Whiteside 6. (c) Age of husband or wife if alive 36 years
 7. Birth date of deceased November 19 1910
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
 that I last saw him _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>34</u> | <u>7</u> | <u>21</u> | hr. _____ min. _____ |

Immediate cause of death Pulmonary embolism upper right and left lobes of lunge, myocardial clotting.

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

Due to _____
 Due to _____

10. Usual occupation at home

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

11. Industry or business _____
 12. Name Leonard Mattie
 13. Birthplace Flint Hill Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Burkemper
 15. Birthplace Old Monroe Missouri
(City, town, or county) (State or foreign country)

Major findings:
 Of operations Myocardial clotting
Dr Vencent Schneider
 Of autopsy Yes

16. (a) Informant Raymond Whiteside
 (b) Address 818 Oak St. Charles, Mo.
 17. (a) burial (b) Date thereof July 13-1945
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Peters Cemetery

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)

18. (a) Signature of funeral director: H. Q. Dillaway
 (b) Address 801 N. 2nd St. Charles, Mo.
 19. (a) 7/12/45 (b) Ernest G. Paul
(Date received local registrar) (Registrar's signature)

While at work? _____ (e) Means of injury 3
 23. Signature Marian Murphy
 Address Wentzville Mo Date signed 7/14/45

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 2-16-45

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 E. Dallinger

Licensed Embalmer No. 2951

P. O. Address St Charles 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.