

FILED APR 17 1946

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. \_\_\_\_\_

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

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: Pre Dead City 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 020  
 (c) City or town St Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3943 Ashland  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_  
(Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WILLIAM J WHALEN  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month APRIL day 2  
 year 1946 hour 10 minute 15 A.M.  
 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.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced WIDOWED  
 6. (b) Name of husband or wife GERTRUDE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: July 12 1879  
(Month) (Day) (Year)

Immediate cause of death  
Coronary Thrombosis  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

8. AGE: Years 66 Months 8 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis MO  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Com Mercant

11. Industry or business \_\_\_\_\_  
 12. Name THOMAS WHALEN  
 13. Birthplace N.Y.  
(City, town, or county) (State or foreign country)  
 14. Maiden name BURKE MAAGAK  
 15. Birthplace N.Y.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Whalen  
 (b) Address 3943 Ashland  
 17. (a) BURIAL (b) Date thereof 4-5-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation CALVARY

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? \_\_\_\_\_

18. (a) Signature of funeral director Cullen Kelly  
 (b) Address 4386 Lindell  
 19. (a) \_\_\_\_\_ (b) J.F. Mueck  
(Date received by Registrar) (Registrar's signature)

While at work? \_\_\_\_\_  
(Specify type of place) (c) Means of Injury  
 23. Signature Thomas F. Callahan (M. D. or other) \_\_\_\_\_  
 Address Corona Date signed 4-4-46

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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

*James M. Lammers*

Licensed Embalmer No. *4142*

P. O. Address *St. Louis*

**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.**