

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4819**

1. PLACE OF DEATH:

(a) County St. Louis Mo

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Anthony Hosp
(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 _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3921a Mc Roe Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rhoda F. Whitson

3. (b) If veteran, name war No

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28
year 1946 hour 12 Noon minute _____ M.

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife William

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 26 1888
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 18, 1946, to May 28, 1946.
that I last saw her alive on May 28, 1946, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>11</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death: Cancer of Intestine - 5 weeks

Due to: Cancer of Gall Bladder 5 weeks

Due to: Intestinal Obstruction 5 weeks

of gall stones

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

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

10. Usual occupation Maid

11. Industry or business Chase Hotel

12. Name Jim Angle

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

14. Maiden name Unknown

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

Major findings: above

Of operations _____

Of autopsy above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Woodrow J. Whitson

(b) Address 3921a Mc Roe Ave

17. (a) Burial (b) Date thereof 5 31 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser

(b) Address 4228 So. Kingshighway

19. (a) MAY 30 1946 (b) J. J. Braden
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: no

(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 W. A. Delevener, Jr. (M. D. or other) MD

Address 3318 S. Grand Date signed 5-29-46

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

MOTHER FATHER

Dr Schneider

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 Edwin D Mc Dermott
Licensed Embalmer No. 3024
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.