

**FILED** AUG 29 1946 **STANDARD CERTIFICATE OF DEATH**

Registration District No. **318**

Primary Registration District No. **1003**

State File No. \_\_\_\_\_

Registrar's No. **2207**

**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:  
PARK LANE MEMORIAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 9 HOURS  
(Specify whether \_\_\_\_\_)  
In this community 1  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State ILLINOIS (b) County ST. CLAIR  
(c) City or town E. ST. LOUIS  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1107 N. 44TH ST.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME CARL B. WHITEHEAD

3. (b) If veteran, name war - No. 8. (c) Social Security No. 329-10-6180

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased MAR 11 1900  
(Month) (Day) (Year)

8. AGE: Years 46 Months 5 Days 11 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace MONROE CO. KENTUCKY  
(City, town, or county) (State or foreign country)

10. Usual occupation LEAD BURNER

11. Industry or business AMERICAN ZINC CO.

12. Name PATRICK HENRY WHITEHEAD

13. Birthplace MONROE CO. KENTUCKY  
(City, town, or county) (State or foreign country)

14. Maiden name Not known  
15. Birthplace " "  
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Whitehead

(b) Address E. ST. LOUIS, ILL.

17. (a) REMOVAL (b) Date thereof 8-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation E. ST. LOUIS, ILL.

18. (a) Signature of funeral director J. J. Family

(b) Address E. ST. LOUIS, ILL.

19. (a) AUG 22 1946 (b) J. F. Bredeek  
(Date received) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month AUG day 22  
year 1946 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from 7-11-45  
1945 to 8-22-46, 1946;  
that I last saw him alive on 8-22-46, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death  
INTERSTITIAL Nephritis-Chronic  
Chr. Myo. CARDITIS  
Due to Acute dil. heart

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 J. J. Family (Physician or other) \_\_\_\_\_  
Address 4930 Lindell Blvd Date signed 8/22/46

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

MOTHER FATHER

Duration  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

**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.

*not embalmed*

Signed *John J. Keady*  
Licensed Embalmer No. *6855 see.*

P. O. Address *St. Louis 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, above space should be left blank.**