

FILED JUN 13 1947
HIST. 70213

Registration District No. 318 Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(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. Louis City Hospital, Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days Memorial
(Specify whether)

In this community 25 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17

(d) Street No. 3225 Montgomery St.,
(If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country.....

3. (a) PRINT FULL NAME DAVID WHITNEY

3. (b) If veteran, name war.....

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11
year 1947 hour 1:42 minute A. M.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Bernice 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased January 12th, ?
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-26-47
19....., to 5-11-47, 19.....
that I last saw him alive on 5-11-47, 19.....
and that death occurred on the date and hour stated above. Duration

8. AGE: abt. 79 Years Months Days If less than one day
hr. min.

Immediate cause of death atherosclerotic heart disease

Due to.....

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

Due to..... 93d

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

10. Usual occupation OAA

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name John Whitney

13. Birthplace New York
(City, town, or county) (State or foreign country)

14. Maiden name Barbara Unknown

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

17. (a) Anatomical Board (b) Date there 5-5-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington

(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 W. J. [Signature]
(b) Address 3100 [Address]

While at work? 0 (Specify type of place)

(e) Means of injury.....

19. (a) JUN 2 1947 (b) J. J. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature A. J. [Signature] (M. D. or other) 0
Address 1515 Lafayette Date signed 5-12-47

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

MOTHER FATHER

Handwritten signature

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.