

FILED SEP 4 1947

State File No.

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **3425**

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:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days
(Specify whether years, months or days)

In this community 61 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0001

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

(d) Street No. 4458 Holly Avenue
(If rural, give location)

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

If yes, name country.....

3. (a) PRINT FULL NAME THOMAS REES WHITELAW

3. (b) If veteran, name war None

3. (c) Social Security No. 346-05-6090

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Martha Wirtz Whitelaw

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased December 2d, 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 8 Days 23
If less than one day hr. ___ min. ___

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

10. Usual occupation Clerk

11. Industry or business.....

12. Name Thomas D. Whitelaw

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

14. Maiden name Hannah Lesby

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

16. (a) Informant Mrs. Martha W. Whitelaw

(b) Address 4458 Holly Avenue

17. (a) Burial (b) Date thereof 8-28-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]
2117 East Grand Blvd.

19. (a) [Signature] (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1947 hour 12 minute 15P.M.

21. I hereby certify that I attended the deceased from 8-11, 1947, to Aug. 25, 1947;
that I last saw him alive on Aug 25, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 31 days

Due to coronary thrombosis "

Due to coronary atherosclerosis year

Other conditions (Include pregnancy within 3 months of death) 94

Major findings: Of operations.....

Of autopsy none

PHYSICIAN [Signature]

Underline the cause to which death should be charged statistically.

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 0

23. Signature [Signature] (M. D. or other) MD
Address 37th Washington Ave Date signed 8/26/47

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

MOTHER FATHER

Aug 30 7 1947

Aug 27 1947

St. Louis

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.....
Frank C. Moore

Licensed Embalmer No.....
3041

P. O. Address.....
2117 E Grand.

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.