. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3603

FILED FEB 9 1948

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 241

96
0
0

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town MANCHESTER
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: MANCHESTER NURSING Home & SAN. 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS (Specify whether
In this community 8 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St Louis 96
(c) City or town Kirkwood, Mo. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 819 N. Clay 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William A. Whipple
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex MALE C
5. Color or race White
6. (a) Single, widowed, married, divorced Single C
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 9 (Day) 1858 (Year)

8. AGE: Years 89 Months 10 Days 14 If less than one day hr. min.

9. Birthplace (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Retired
11. Industry or business

FATHER
12. Name Zebulon Whipple
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Helen Brown
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant R. G. Whipple
(b) Address 819 N. Clay, Kirkwood, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-25-48 (Month) (Day) (Year)
(c) Place: burial or cremation Jefferson, Wis.
18. (a) Signature of funeral director Louis H. Bopp, inc.
(b) Address Kirkwood, Mo.
19. (a) 1-23-48 (Date received local registrar) (b) Carl J. Shapiro (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan ~~22~~ day 23
year 1948 hour 5 minute P M.
21. I hereby certify that I attended the deceased from Jan 16, 1948 to Jan 23, 1948
that I last saw him alive on Jan 22, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lt. side hemiplegia	8 days.
Due to: Gen'l arteriosclerosis chr. myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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? (Specify type of place) 0
While at work? (e) Means of injury

23. Signature C H Denny (M. D. or other) MD
Address Creve Coeur, Mo. Date signed 1-24-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

APR 27 1948

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 22 Mi

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.