

No. 300
10-47
5-17-39
P 1 3906

FILED NOV 12 1948 **318**

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
De Paul Hospital (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3808 Ashland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Edwin B. Whitney

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced / Married
6. (b) Name of husband or wife Emma M. Whitney nee Reitz 6. (c) Age of husband or wife if alive 82 years
7. Birth date of deceased November 18th, 1865
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired Superintendent

11. Industry or business

MOTHER FATHER { 12. Name John Whitney

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

14. Maiden name Lydia Parker

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

16. (a) Informant Mrs. Emma M. Whitney

(b) Address 3808 Ashland Avenue

17. (a) Burial (b) Date thereof 11/2/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Calvin F. Feutz

(b) Address 4828 Natural Bridge Boulevard

19. (a) NOV 2 1948 (b) J. B. Casale
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30th
year 1948 hour 7 minute 00 P.M.
21. I hereby certify that I attended the deceased from Oct 29, 1948
Oct 30, 1948
that I last saw him alive on Oct 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerosis thrombosis
Duration 1 day

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations

Of autopsy

PHYSICIAN
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?

23. Signature John Whitney (M. D. or other)

Address 4952 Maryland Date signed 11-1-48

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

Medical Arts Building,
4952 Maryland Avenue,
Fo. 8844

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..... *Ralph C. Linder*
Licensed Embalmer No. *4275*
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, fact should be so stated above.