

FILED FEB 24 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6882

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1381**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. ANTHONY HOSP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 217⁹	
		d. STREET ADDRESS (If rural, give location) 3957 CLEVELAND AVE	

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) T. c. (Last) WHELAN	4. DATE OF DEATH (Month) (Day) (Year) FEB. 11 - 1950
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5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH APRIL 12 - 1892	9. AGE (In years last birthday) 57 If UNDER 1 YEAR: Months Days If UNDER 24 HRS: Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALESMAN	10b. KIND OF BUSINESS OR INDUSTRY AUTO.	11. BIRTHPLACE (State or foreign country) ST. LOUIS MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN WHELAN	13b. MOTHER'S MAIDEN NAME JULIA DILLON	14. NAME OF HUSBAND OR WIFE ESTHER WHELAN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE, OR NAME Mrs Esther Whelan	ADDRESS 3957 Cleveland
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Descending Colon		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Descending Colon	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 152X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Feb 1, 1950**, to **Feb 11, 1950**, that I last saw the deceased alive on **Feb 10, 1950**, and that death occurred at **3:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE J. J. Jaunter, M.D.	(Degree or title)	23b. ADDRESS Humboldt Bldg - St. Louis	23c. DATE SIGNED 2-11-50
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24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify)	24b. DATE FEBRUARY 13 - 50	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.	24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.
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DATE REC'D BY LOCAL REG. FEB 12 1950	REGISTRAR'S SIGNATURE J. B. Lusk	25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur	ADDRESS 3125 Lafayette Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Memo

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *John R. Hall*.....
Licensed Embalmer No. *4014*.....

P. O. Address *3125 Lafayette*.....

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.