

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

22584

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis, Mo. (No. Sanitarium)

File No.
 Registered No. 6230 St. Ward)

2. FULL NAME

Thomas Whalen
 (a) Residence. No. City Infirmary St. 13 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 59 yrs. + mos.
 How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | 4. COLOR OR RACE White | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 14, 1864.
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
 62 6 22

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Laborer
 (b) General nature of industry, business, or establishment in which employed (or employer) Unknown
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Illinois
 (STATE OR COUNTRY)

10. NAME OF FATHER Michael Whalen
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ireland
 12. MAIDEN NAME OF MOTHER Elizabeth Marry
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Ireland

14. INFORMANT William T. Gittel M.D.
 (Address) 5300 Arsenal St.

15. FILED 111 -7 1927 Mar 6 Starroff
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 6 1927
 17. I HEREBY CERTIFY, That I attended deceased from Dec 30, 1926, to July 6, 1927, that I last saw him alive on July 6, 1927, and that death occurred, on the date stated above, at 12:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
 (duration) - yrs. 6 mos. 8 da. +
 CONTRIBUTORY (SECONDARY) 908
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? Unknown
 DID AN OPERATION PRECEDE DEATH? No. DATE OF
 WAS THERE AN AUTOPSY? No.
 WHAT TEST CONFIRMED DIAGNOSIS? Clinical
 (Signed) William T. Gittel, M.D.
7/6, 1927 (Address) 5300 Arsenal St.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL July 7 1927
 ADDRESS 4415 Washington

20. UNDERTAKER Kamgand Sheahan & Co

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

