

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

Do not use this space.

21174

1. PLACE OF DEATH

County Registration District No. 791
 Township St. Louis Primary Registration District No. 50103
 City St. Louis St. St. Johns Nos Ward

File No.
 Registered No. 5726

2. FULL NAME

(a) Residence, No. 7957 Julian St. 12 Ward. St. Louis Co. Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) Feb 11 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 4 5

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Pharmacist 278

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Poplar Motor Bus

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

13. NAME Dennis E. Whelan 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Julia Lancaster

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT (ADDRESS) Julia M. Whelan 7159 Julian

18. BURIAL, CREMATION, OR REMOVAL PLACE Walrus DATE 6/18

19. UNDERTAKER (ADDRESS) Harrison & Morgan 4418 Washington

20. FILED LN 17 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 16 1932

22. I HEREBY CERTIFY, That I attended deceased from March, 1932, to June 16, 1932

I last saw him alive on June 16, 1932 Death is said to have occurred on the date stated above, at 2:10 P.M.

The principal cause of death and related causes of importance were as follows:

Broncho. Pneumonia Date of onset 6-12-32

107A

1140 D / 107A

Other contributory causes of importance: being absent (Right upper lobe) 4 mos.

Name of operation rib resection Date of May 15
 What test confirmed diagnosis? Chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify (Signed) Coedie, M. D.

(Address) 1243 No Bldg

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

