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.

SEP 26 1933

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

Do not use this space.

28372

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1103

City ..... (No. 2231 Cass Ave St. ..... Ward)

File No. .....

Registered No. 7526

2. FULL NAME William H Whrodes

(a) Residence, No. 2231 Cass St., 20 Ward.
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cora Whrodes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2-14-1865

7. AGE: YEARS 68 MONTHS 6 DAYS 16 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

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

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 Mo

FATHER

13. NAME: William Whrodes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Chester Whrodes 5450 Shreve Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Calvary DATE: 9/2 1933

19. UNDERTAKER (ADDRESS): W. A. Stock Und Co 2117 E. Grand Blvd

20. FILED: OCT 31 1933 19 J F Biedeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug/30/33 19

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1930 to Aug/30/33, 19

I last saw him alive on Aug/20/, 1933. Death is said to have occurred on the date stated above, at 2P. m.

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

| | Date of onset |
|---|---|
| Cerebral Emboli | 1h |
| (Hypertension) | 3yr |

Other contributory causes of importance:

| | |
|---|---|
| Cirrhosis of Liver (al) | 5yr |

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W Moore, M. D.

(Address) 1336 Franklin St. Louis, Mo

Cent 6118

1334 Franklin