

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *Central* *St. Louis* *City* *High*)

File No. **2799**
Registered No. **437**
St. Ward)

2. FULL NAME

(a) Residence, No. **3101 1/2** No. *Grand* St., **10** Ward.

(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 <i>Female</i>	4. COLOR OR RACE, <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Arthur A. McLeod</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 25, 1889</i>		
7. AGE	YEARS <i>4X</i>	MONTHS <i>6</i>
	DAYS <i>17</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>	
	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) <i>St. Louis Missouri</i>		
FATHER	13. NAME <i>Edward Whalen</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ireland</i>	
MOTHER	15. MAIDEN NAME <i>Ellen Corbett</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis Missouri</i>	
17. INFORMANT (ADDRESS) <i>Arthur A. McLeod 3101 1/2 N. Grand</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Calvary</i> DATE <i>July 15, 1934</i>		
19. UNDERTAKER (ADDRESS) <i>John P. O'Connell 1130 1/2 N. Grand</i>		
20. FILED 19 <i>1934</i> <i>J. P. Brecht</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

No phy in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1/11, 1934*

22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *12:29* A.M.

The principal cause of death and related causes of importance were as follows:
Fract skull & lacerated brain, when she fell off of beer bench & run over by a beer spe. at 12:29 A.M. Jan. 11th, 1934

Date of onset *Jan 11, 1934*

Other contributory causes of importance:
Auto accident

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

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

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? *St. Louis, Mo.*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *Auto accident*
Nature of injury *Fract skull & lacerated brain*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *Harold Gehrig*
(Address) *Rep former*

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.

WHITE PAPER, WITH UNFADING INK—THIS IS A PERMANENT RECORD

