

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 785 File No. 21708
 Township Central (2) Primary Registration District No. 6031 Registered No. 143
 City (No. Long Beach St. Louis County) Ward

2. FULL NAME Edmond Glennon Whelan

(a) Residence, No. 5859 Page Blvd. St. St. Louis, Mo. Ward. St. Louis, 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) Jan 11, 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 5 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school-boy
 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.

13. NAME Capt. Patrick Whelan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Katie Whelan

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

17. INFORMANT (ADDRESS) Capt. Patrick Whelan
425 E. Long Beach

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Calvary 6/20

19. UNDERTAKER (ADDRESS) Coogan and Co. Inc.
716 Manchester Ave

20. FILED 6-19 1934 Anakel J. Ingr Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/17/34 '19

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 8:30 PM

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

Accidental drowning in Meramec river, Long Beach, while in swimming, in midstream, with other comrades. Accident happened about 8:30 PM 6/17/34. Body recovered in early morning of 6/18/34

Other contributory causes of importance:

in early morning of 6/18/34

Name of operation _____ Date of _____

What test confirmed diagnosis? Coroner's Swasterson autopsy? no

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

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

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

Manner of injury drowning.

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? If so, specify _____

(Signed) J. B. Turner 6/18/34 M. D.

(Address) 3718 Jennings St.

Coroner's Office, St. Louis, Mo.

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.

JUL 21 1934

57

