

DEC 12 1935

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. *St. Louis Hosp*)

37978

File No. **9990**

Registered No. ....

St. .... Ward)

2. FULL NAME *William L Whipple*(a) Residence, No. *7210 Colgate ave.* St. *R. R.* Ward. ....

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. (If nonresident, give city or town and State)

## 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 *Josephine R. Whipple*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 5, 1866*7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min. *69 6 21*8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *dentist*

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) *Cambridge, Mass.* (STATE OR COUNTRY) *Mass.*13. NAME *Samuel Whipple*14. BIRTHPLACE (CITY OR TOWN) *Vermont.* (STATE OR COUNTRY) ....15. MAIDEN NAME *Mary Reese*16. BIRTHPLACE (CITY OR TOWN) *New Jersey* (STATE OR COUNTRY) ....17. INFORMANT *Josephine R. Whipple* (ADDRESS) *7210 Colgate ave.*18. BURIAL, CREMATION, OR REMOVAL PLACE *Vallhalla Crematory* DATE *Nov 28 1935*19. UNDERTAKER *Wagoner Undert Co.* (ADDRESS) *3621 Olive St.*20. FILED *NOV 28 1935* *J. Credick* Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov 26, 1935*22. I HEREBY CERTIFY, That I attended deceased from *Nov 13, 1935*, to *Nov 26, 1935*I last saw him alive on *Nov 25, 1935*. Death is said to have occurred on the date stated above, at *6:40 am*.

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

*Broncho-pneumonia*  
*Diabetes mellitus - less than a year*  
*Toxic nephritis - acute*Date of onset *Nov 14**2 weeks*Other contributory causes of importance: *59*  
*arterial - sclerosis chronic* *4 years*

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) *Walter F. Fickel*, M. D.(Address) *3720 Washington*

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.

