

JAN 10 1937

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

Do not use this space.

791

46855

1. PLACE OF DEATH

County..... Registration District No. **1003**
Township..... Primary Registration District No.....
City **St. Louis, Missouri** (No. **St. Louis Children's Hospital**) St. Ward)

File No.....
Registered No. **12677**

2. FULL NAME **Allan Eugen Whisenant**

(a) Residence, No. **Salvation Army Hospital St. 24** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred **Life** 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) **Child**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Child**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-11-36**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. **1 14**

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

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

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, Missouri**

13. NAME **Unknown**

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

15. MAIDEN NAME **Lois Whisenant**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Marshall County, Ala.**

17. INFORMANT **M. Merschmann**
(ADDRESS) **500 S. Kingshighway Blvd.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset BURIAL PK** DATE **12-26-36**

19. UNDERTAKER **C. HOFFMEISTER U+L Co.**
(ADDRESS) **7845 B. BROADWAY**

20. FILED **DEC 26 1936** **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **12-25-36**

22. I HEREBY CERTIFY, That I attended deceased from **12-22**, 19**36**, to **12-25**, 19**36**

I last saw him alive on **12-25**, 19**36**. Death is said to have occurred on the date stated above, at **1:05 AM**.

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

Premature Infant Date of onset **12/3/36**
Upper Respiratory Infection
Congenital heart disease

Other contributory causes of importance: **157C**

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?.....
If so, specify..... (Signed) **Ralph N. Barlow, M. D.**
(Address) **1500 So. Kingshighway**

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.

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