

DEC 13 1937

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

39763

Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 791
 (b) Township..... Primary Registration District No. 1003
 (c) City St. Louis (d) Street No. Mo. Pacific Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 83 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Arthur Sturgeon Whitley SON WHITLEY
 (a) Residence, No. 4126 Castleman Ave St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
Lucy Whitley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad foreman
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Rev. Henry C. Whitley

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

MOTHER 15. MAIDEN NAME Mary Fitzhenry

16. BIRTHPLACE (CITY OR TOWN) England
 (STATE OR COUNTRY)

17. INFORMANT Maude C. Whitley
 (ADDRESS) 4126 Castleman Ave.

18. BURIAL ~~EXEMPTION OR REMOVAL~~
 PLACE New Picker DATE Nov. 23, 1937

19. FUNERAL DIRECTOR Wagoner Undertaking Co
 (ADDRESS) 3621 Olive St

20. FILED NOV 22 1937 J. Bredbeck
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 20 1937

22. I HEREBY CERTIFY, That I attended deceased from
Nov. 13, 1937, to Nov. 20, 1937

I last saw him alive on Nov. 20, 1937 Death is said to have occurred on the date stated above, at 7:52A.

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

Chronic myocarditis93C

Date of onset

1935

Other contributory causes of importance:

Cardiac decompensation

Name of operation none Date of.....
 What test confirmed diagnosis? Clinical 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) Herbert R. Altherton, M. D.
 (Address) Missouri Pacific Hosp.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, Neville R. Frohwitter, Licensed Embalmer No. 3696

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Neville R. Frohwitter

Licensed Embalmer No. 3696

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)