

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

20167
 Do not use this space.

REC'D JUL 12 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... **St. Louis** (d) Street No. **Missouri Pacific Hospital**
 (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

791

Registration District No.
 Primary Registration District No. **1403** Registered No. **5306**

2. PRINT FULL NAME **John L. Whaley**

(a) Residence, No. **2653 Eads Ave** St. **23**
 (Usual place of abode, if no street address, write county or city) (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) **Widower**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **September 5 1858**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	79	8	6	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Retired Clerk**

9. Industry or business in which work was done, as saw mill, bank, etc. **Mo. Pac. R.R. Co.**

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) **Missouri**

FATHER 13. NAME **Mason Whaley**

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

MOTHER 15. MAIDEN NAME **Sadie Daring**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **John Whaley**
2653 Eads Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cemetery** DATE **June 13 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Peetz Brothers**
3029 Lafayette Ave

20. FILE **JUN 11 1938** **J. F. Budeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 11 1938**

22. I HEREBY CERTIFY, That I attended deceased from **6-10 1938** to **6-15 1938**
 I last saw him alive on **6-11 1938** Death is said to have occurred on the date stated above, at **5:35 A.**
 The principal cause of death and related causes of importance were as follows:
Hypostatic Pneumonia,
Broncho
Chronic myocarditis

Other contributory causes of importance: **93C**
Dehydration

Name of operation **None** Date of.....
 What test confirmed diagnosis? **Chemical** 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) **H. P. Atchison**, M. D.
 (Address) **Mo. Pac. Hosp**

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, _____, Licensed Embalmer No. 2245

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

_____ L. E. _____

No. _____ or by _____ Registered Apprentice No. _____

working under my personal supervision.

Signed Frank J. Owens

Licensed Embalmer No. 2245

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.)