

REC'D AUG 12 1938

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

123809
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City (d) Street No. St. Louis Childrens 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.

2. PRINT FULL NAME Whirlledge Carl

(a) Residence, No. R.R. 4 - E. St. Louis - Ill. St. (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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ch.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ch.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 14, 1937
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 7 6
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. chud.
9. Industry or business in which work was done, as 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) E. St. Louis - Mo
FATHER 13. NAME Paul Stowers
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
MOTHER 15. MAIDEN NAME Anna Whirlledge
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-20, 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-18, 1938, to 7-20, 1938
I last saw him alive on 7-20, 1938 Death is said to have occurred on the date stated above, at 8 p. m.
The principal cause of death and related causes of importance were as follows:

Coronary artery Date of onset 13th
MC

Other contributory causes of importance:
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?
If so, specify
(Signed) R. J. Whetter
(Address) 4102 N. Euclid Ave. M. D.

17. INFORMANT (ADDRESS) R. Moore
5005 Knop Highway
18. BURIAL, CREMATION, OR REMOVAL PLACE East St. Louis DATE 7-21-1938
19. FUNERAL DIRECTOR (ADDRESS) Wiedacis Bros
1501 Mississippi Ave
20. FILED J. T. Bidack
Local Registrar.

JUL 21 1938

WHITE 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.

1 X12004

...obes/A checked
...mbly/ VCE ap...
...XX...
...D...
...at... 2015

STATEMENT BY LICENSED EMBALMER

I, Ben H. Baldwin, Licensed Embalmer No. 2420

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

..... L. E.

No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed Ben H. Baldwin

Licensed Embalmer No. 2420

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.)

...county...
...M.F.P...
...2015

