CEC'D JAN 11 1939

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

791

41477
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 11169
(c) City St. Louis (d) Street No. Deaconess 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

450

2. PRINT FULL NAME John J. Whelan
(a) Residence, No. I2I0 Aubert Ave., St. 12
(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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Margaret Whelan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 6, I875.

7. AGE: YEARS 63 | MONTHS 5 | DAYS 2D | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Engineer
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): Ireland 5

FATHER
13. NAME: Simon Whelan 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Don8TKnow Margaret Dineen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT (ADDRESS): Mrs. Margaret Whelan 5236 Tholozan

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem., DATE Dec. 29/38

19. FUNERAL DIRECTOR (ADDRESS): Jos. W. Clark II25 Hodiamont Ave.

20. FILED DEC 28 1938 19 J. D. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 26/38. 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5.00P.M.
The principal cause of death and related causes of importance were as follows:
Depressed Fracture of Skull, Subdural Haemorrhage of Brain, suffered about 7:40 A.M., December 20, 1938, when deceased was struck by Flywheel of machinery, while working at Deaconess Hospital. ACCIDENT.
Date of onset
Other contributory causes of importance:
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? YES

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 12-20, 19 38
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
industry
Manner of injury see above
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify .....
(Signed) Joseph M. Quinn, M.D.
(Address) Deputy Coroner

(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.

50M-7-20-37 I X12604

STATEMENT BY LICENSED EMBALMER

I, Jos. W. Clark, Licensed Embalmer No. I66I

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 Jos. W. Clark

Licensed Embalmer No. I66I.

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.)