

MAY 18 1939 JUN 8 1939

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

10723
Do not use this space.

1. PLACE OF DEATH

(a) County Ou Sain Registration District No. 784
 (b) Township 1 Primary Registration District No. 106 Registered No. 908
 (c) ~~City~~ St. Louis County (d) Street No. Bethesda Dilworth Home 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Isabella H. Whyte

(a) Residence, No. Bethesda Dilworth Home St. (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 19, 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 29

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unemployed

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) Jefferson Barracks, Mo.

FATHER 13. NAME Edward T. Whyte

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

MOTHER 15. MAIDEN NAME Isabelle Blackburn

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Miss Schoener Bethesda Dilworth Home

18. BURIAL, CREMATION, OR REMOVAL PLACE Evangelical Lutheran 5-19 39 Cemetery Fred M. Williams

19. FUNERAL DIRECTOR (NAME) (ADDRESS) DR. M. Williams 4535 Washington Blvd

20. FILED MAY 18 1939 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17, 1939

22. I HEREBY CERTIFY, That I attended deceased from 1937 to May 17, 1939

I last saw her alive on May 16, 1939 Death is said to have occurred on the date stated above, at 4:39 p.m.

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

Chr. Myocarditis
Arteriosclerosis
Chr. Bronchiectasis Date of onset 10 yrs

Other contributory causes of importance: 93
Renal deg. ulcers 6 weeks

Name of operation Autopsy Date of 93
What test confirmed diagnosis Autopsy Are 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 Arteriosclerosis
 (Signed) D. G. W. Lockwood, M. D.
 (Address) D. G. W. Lockwood

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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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.