DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23777

DEC'D AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 6050

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 5291 Westminster (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether

In this community 30 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, 12 (If outside city or town limits, write "RURAL")

(d) Street No. 5291 Westminster Place. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Gertrude K. Whitelaw, 340

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Female

5. Color or race White

6. (a) ~~Single~~, ~~widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife George P. Whitelaw, 3rd

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased May (Month) 7, (Day) 1894 (Year)

8. AGE: Years 45 | Months 2 | Days 2 | If less than one day hr. min.

9. Birthplace Cleveland, Ohio. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business

FATHER
12. Name Louis Kies,
13. Birthplace Unknown. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louisa Gauss
15. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature

(b) Address 5291 Westminster Place.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 7/11/39 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Und. Co.

(b) Address 3621 Olive St.

19. (a) JUL 10 1939 (Date received local registrar) (b) J. F. Bradleck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1939 hour 1 minute 15 P. M.

21. I hereby certify that I attended the deceased from May 1934, 19, to July 9, 1939; that I last saw her alive on July 9, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute exhaustion	
Due to Inanition & inability to properly digest food	1 mo
Due to	
Other conditions Spastic Paraplegia (Include pregnancy within 6 months of death)	5 years

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Archie D Carr (M. D. or other)

Address 3720 Washington Date signed 7/9/39

(Licensed Embalmer's Statement on Reverse Side)

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.

USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

X19511

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 Melvin L. O. Kempe

Licensed Embalmer No. 40.52

P. O. Address 3621 Olive

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.