

WHILE I REMAIN BACK IN—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37573

State File No.

Registration District No. 701

Primary Registration District No.

Registrar's No. 9412

1. PLACE OF DEATH: 1003

(a) County St. Louis

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

(c) Name of hospital or institution:
5332 Nottingham
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Months
(Specify whether years, months or days)

8. (a) PRINT FULL NAME Mr. Tobias Whitson

8. (b) If veteran, name war ---

8. (c) Social Security No. ---

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mary Susan Bonham Whitson

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

7. Birth date of deceased August 2, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>2</u>	<u>30</u>	hr. min.

9. Birthplace Seymour, Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation R. R. Conductor

11. Industry or business Railroad

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
(City, town, or county) (State or foreign country)

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature David Whitson

(b) Address 5332 Nottingham

17. (a) Burial (b) Date thereof Nov. 4, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Indianapolis, Indiana

18. (a) Signature of funeral director Anderson Funeral Home Inc

(b) Address 1936 St. Louis Avenue

19. (a) NOV 3 1939 (b) J. F. Budech
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1

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

(d) Street No. 5332 Nottingham
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 1st
year 1939 hour 5: minute 20 A. M.

21. I hereby certify that I attended the deceased from September 4, 1939
1939, to November 1, 1939.
that I last saw him alive on November 1, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage (Apoplexy)

Due to Chronic Intestinal Nephritis, Arteriosclerosis

Other conditions (include pregnancy within 3 months of death) ---

Major findings: MI

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? ---

While at work? (Specify type of place) (e) Means of injury ---

23. Signature Louis A. Brandenburg (M. D. or other)

Address 3922 Cleveland Ave Date signed ---

Mr. James A.
Brandenberg
3922 Cleveland.

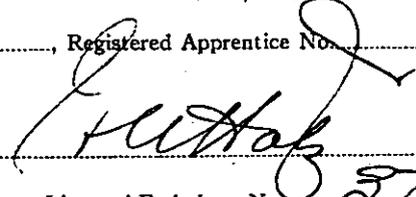
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No.

2733

P. O. Address.....

1936 W. Younger

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.