

Registration District No. 791

Primary Registration District No. _____

Registrar's No. 381

1. PLACE OF DEATH: 1000
 (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:
4624 Enright Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days 325

3. (a) PRINT FULL NAME Frederick E. Whitcomb
 3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-14-551

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Pearl Whitcomb 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased Sept. 22 1868
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>3</u>	<u>21</u>	hr. _____ min.

9. Birthplace New York
 (City, town, or county) (State or foreign country)

10. Usual occupation Pharmacist

11. Industry or business Meyer Bros. Drug Co.

12. Name John Whitcomb

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

14. Maiden name Not known

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

16. (a) Informant's own signature Paul Whitcomb

(b) Address 4624 Enright Ave.

17. (a) Burial (b) Date thereof Jan. 15, '40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director W. H. Brown

(b) Address 4911 Washington Bl.

19. (a) JAN 14 1940 (b) _____
 (Date received local health officer) (Signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis 121
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4624 Enright Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13
 year 1940 hour 31 minute _____ M.

21. I hereby certify that I attended the deceased from Jan 6
 _____, 1940, to Jan 13, 1940
 that I last saw him alive on Jan 12, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration _____
Hemorrhage 7 days

Due to chronic nephritis ?
High Blood Press

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____

Of autopsy no

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? o
 (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 J. H. Hornum (M.D. or other)

Address 14903 Delmar Date signed Jan 13/40

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.

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.....

Thomas R. Fenwick

Licensed Embalmer No.....

3793

P. O. Address.....

St Louis Mo

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.