

791

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County 1
(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mac Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 25 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 20
(If outside city or town limits, write "RURAL")
(d) Street No. 2528 Warren St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LAWRENCE A. WHITCOMB 325

3. (b) If veteran, name war no 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lawrence Whitcomb 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb 20th 1886
(Month) (Day) (Year)

8. AGE: Years 54 Months 2 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Quincy, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Stockbroker

11. Industry or business _____

12. Name John Galle

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

14. Maiden name Anderson

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

16. (a) Informant Lawrence Whitcomb

(b) Address 2528 Warren St.

17. (a) Buried (b) Date thereof May 18-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cem

18. (a) Signature of funeral director My. Lawrence Wood
(b) Address 2223 St. Louis Ave

19. (a) MAY 14 1940 (Date received local registrar)
J. F. Burdick (Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1940 hour 1¹⁰ minute A M.

21. I hereby certify that I attended the deceased from May 5, 1940 to May 13, 1940
that I last saw her alive on May 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic changes
heart
Due to _____
Due to _____

Other conditions arteriosclerotic changes
(Include pregnancy within 3 months of death)
Major findings: Arteriosclerotic changes
Of operations with atherosclerosis
Of autopsy St. Louis

Duration

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 J. F. Burdick (M. D. or other) MD
Address 812 Olive St Date signed 5/13/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ponder's room 4 P.M.
812 Spring Room 992.

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 Walter L. Ponder
Licensed Embalmer No. 3367
P. O. Address 2223 St. Louis

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.