S. No. 2
—11-10-39
v. 5-17-39 [illegible]
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23274

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 5719

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, 1
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Missouri Baptist San't.
(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)

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. 245 No. Union, Ave.,
(If rural, give location)

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

3. (a) PRINT FULL NAME AYLETT HOWE WHITNEY. 350

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Helen Turner Whitney

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

7. Birth date of deceased April (Month) 20 (Day) 1870 (Year)

8. AGE: Years 70 Months 2 Days ~~25~~ 15 If less than one day hr. min.

9. Birthplace St. Charles, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Div. Deputy Auditor. 0

11. Industry or business State Auditors Office

FATHER
12. Name William Fiske Whitney. 0
13. Birthplace unknown Missouri
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mildred Bruckner.
15. Birthplace Pike Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.W.Stueck.
(b) Address # 21 Winsor,

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7-7-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Mexico, Missouri

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar, Blvd.,

19. (a) JUL 5 1940 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1940 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 194, 19, to July 5, 1940 that I last saw him alive on July 4, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Omentum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy None

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

23. Signature Joseph E Carney (M. D. ~~or other~~)
Address 525 Frisco Bldg Date signed 7-5-40

(Licensed Embalmer's Statement on Reverse Side)

Frisco Bldg., # 906 Olive
Gar.-0198
Hrs.- 8A.M. to 2 P.M.

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.