

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26773

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6565

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:
Missouri 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 Two days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Gasconade

(c) City or town Morrison, R.R.#1
(If outside city or town limits, write "RURAL".)

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

(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULLNAME Louis Whertwine

(b) If veteran, name war

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11
year 1941 hour 7:45 A.M. minute M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Ida Whertwine

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased: Dec 24 1864
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from August 10, 1941, to Aug 11, 1941;
that I last saw him alive on Aug 11, 1941;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>7</u>	hr. min.

Immediate cause of death: Pulmonary embolism

Due to Carcinoma, pyiform

Due to Operation (Hepaticoduodenal drainage etc)

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

9. Birthplace Gasconade Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

Major findings: Perforated ulcer w/ pylorus

Of operations: Hypertension

Of autopsy: 0

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name John Whertwine

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

14. Maiden name Unknown

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

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?

16. (a) Informant George Pais

(b) Address Morrison, Mo. R.R.#1

17. (a) Removal (b) Date thereof 8-11-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Morrison Mo.

While at work? (Specify type of place)

(e) Means of injury

23. Signature J. F. Dulick (M. D. or other) M.D.

Address 402 West 24th Date signed 8-11-41

18. (a) Signature of funeral director Louis H. Boyer, Dues

(b) Address 131 W. Pigeon St. Parkwood Mo.

19. (a) AUG 11 1941 (b) J. F. Dulick
(Date received local registrar) (Registrar's signature)

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

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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.....

Louis H Popp

Registered Apprentice No.

working under my personal supervision.

Signed.....

Louis H Popp

Licensed Embalmer No. *921*

P. O. Address *Kirkwoods*

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, fact should be so stated above.