

Registration District No. 784

Primary Registration District No. 210

Registrar's No. 342

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Gravois Township  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(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 St. Louis  
(c) City or town 9927 Reavis Rd.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Affton, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ralph Frank Whybark, Jr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

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

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 24 1931  
(Month) (Day) (Year)

8. AGE: Years 10 Months 8 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Public School

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Ralph Frank Whybark  
13. Birthplace Little Rock Ark.  
(City, town, or county) (State or foreign country)  
14. Maiden name Irene Thomure  
15. Birthplace Bonne Terre Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph F. Whybark  
(b) Address 9927 Reavis Rd., Affton, Mo.  
17. (a) Burial Removal Date thereof 2-16-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bonne Terre, Mo.

18. (a) Signature of funeral director John J. Ziegenhagen & Sons  
(b) Address 7025 Thrasher Ave  
19. (a) FEB 14 1942 (b) E. J. McDevan  
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13  
year 1942 hour 7:24 minute A M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Accidentally struck by a pedestrian on a public highway.  
Due to Fractured skull; ruptured spleen and right kidney.

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

Major findings: Of operations \_\_\_\_\_  
Of autopsy Yes.  
PHYSICIAN Moore  
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) Accident.  
(b) Date of occurrence Feb. 13, 1942  
(c) Where did injury occur? Tesson Ferry Road  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place  
(Specify type of place)  
While at work \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
23. Signature Louis H. Boyington (M.D. or other)  
Address Kirkwood, Mo. Date signed 2/13/42

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

600

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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.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed.....

*C. P. K. Russell*

Licensed Embalmer No. *3877*

P. O. Address. *7027 Gravois*

**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.**