S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15614

Registration District No. 784 Primary Registration District No. 300 Registrar's No. 890

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Creve Coeur Lake (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

(c) City or town Creve Coeur Lake (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME William Whittinghill

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 Widower

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 9 (Day) 1874 (Year)

8. AGE: Years 67 Months 11 Days 10 If less than one day hr. min.

9. Birthplace Rosene (City, town, or county) Kentucky (State or foreign country)

10. Usual occupation Coal miner

11. Industry or business

FATHER
12. Name Dave Whittinghill
13. Birthplace Rosene (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Emily Rogers
15. Birthplace Rosene (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Anna Whittinghill

(b) Address Creve Coeur Lake

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-22-42 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cem.

18. (a) Signature of funeral director Louis H. B opp Inc.

(b) Address Kirkwood, Mo.

19. (a) APR 21 1942 (Date received local registrar) (b) C. G. McGarry Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19 year 1942 hour 1:50 minute P M.

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

Immediate cause of death Natural causes.

Due to Ruptured aorta ½ inch from heart.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 96

Of autopsy Yes

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 Louis H Bopp Corner (M.D. or other)

Address Kirkwood, Mo. 4/20/42 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, 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, fact should be so stated above.