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No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 5222

Registrar's No.

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

00
17
9

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:
Stone Nursing Home 4
(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:

000
(a) State Missouri (b) County 12 17
(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 5000 Waterman, Ave.,
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth A. Whitmore.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

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 Aug. (Month) 25, (Day) 1857 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	9	20	hr. min.

9. Birthplace Valpariso, (City, town, or county) Indiana (State or foreign country)

10. Usual occupation Retired

11. Industry or business Public school teacher.

FATHER
12. Name Joseph M. Whitmore.
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Maria Louisa Alexander.
15. Birthplace (City, town, or county) Pa. (State or foreign country)

16. (a) Informant Miss. Louise Whitmore.
(b) Address 5000 Waterman, Ave.,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 17, 42 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

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

19. (a) JUN 16 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15th
year 1942 hour 1:00 minute P M.

21. I hereby certify that I attended the deceased from 4-9-42
1942 to 6-15 1942
that I last saw her alive on 6-15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
cerebral arteriosclerosis	?
uremic poisoning	few weeks
Due to chronic nephritis	
Due to	
Other conditions suppurative parotitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations 3
Of autopsy 3

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 0

23. Signature Frances R. Ritchie (M. D. or other)
Address 5233 Waterman Av. Date signed 6-16-42

047 (Licensed Embalmer's Statement on Reverse Side)

5233 Waterman
FO 5071

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. Bradford P. Miller

Licensed Embalmer No. 2901

P. O. Address University City M

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.