S. No. 2
M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 6 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29292

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7920

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: 4540 Lindell Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4540 Lindell Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Nancy B. Whobrey

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W.

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

6. (b) Name of husband or wife Christy Whobrey

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

7. Birth date of deceased Oct. 31st., 1871 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	21	hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name Robert McCowan

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

14. Maiden name Unk. Ferguson

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

16. (a) Informant Mr. Carl S. Lawton
(b) Address 4540 Lindell Blve.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 9-25-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP SEP 23 1942 (Date received local registrar) J. Bredecke (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 21st. year 1942 hour 6 30 minute P. M.

21. I hereby certify that I attended the deceased from 92 1940 to Sept. 21, 1942 that I last saw h alive on August 15, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis (Sudden death)	9-21-42
Due to: Arteriosclerosis	years
Due to: Chronic myocarditis after Arteriosclerosis became	
Other conditions (Include pregnancy within 3 months of death): Anemia	6-12-42
Major findings: Of operations:	PHYSICIAN — Underline the cause to which death should be charged statistically.
Of autopsy:	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) No.
(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 Fred W. Sladek (M. D. or other)
Address 8G Humboldt Bld St. Louis, Mo. Date signed 9-23-42

(Licensed Embalmer's Statement on Reverse Side)

868 Hamilton Ave. 1-3:30

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.