

Registration District No. **813**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5791 Westminster Place /
(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

3. (a) PRINT FULL NAME Julia M. Whelan

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James M. Whelan

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

7. Birth date of deceased August 19 1859
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>5</u>	<u>23</u>	hr. _____ min.

9. Birthplace Port La Vaco Texas /
(City, town, or county) (State or foreign country)

10. Usual occupation at Home

11. Industry or business _____

MOTHER FATHER { 12. Name Daniel Sullivan

13. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Mary Casey

15. Birthplace Unknown Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant James M. Whelan

(b) Address 5091 Westminster Pl.

17. (a) Burial (b) Date thereof 2-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) FEB 15 1943 (b) J. F. Bruback
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5791 Westminster Pl.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12
year 1943 hour 3 minute 0 a. m.

21. I hereby certify that I attended the deceased from Jan. 14 1942 to Jan 12 1943
that I last saw him alive on Jan 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis (chronic)
Duration 6 mo.

Due to _____

Due to _____

Other conditions biabetes mellitus 4 years
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

23. Signature Wm J. Langan (M. D. or other) _____
Address 5803 Olive Street Date signed Feb 12 1943

1207

1207

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.....
Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, 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.