

FILED MAY 27 1943

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Registration District No. _____ Primary Registration District No. **1003**

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

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:
Kirmin Desloge
(If not in hospital or institution, give street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo (b) County..... 000
 (c) City or town..... Bellevue (17)
(If outside city or town limits, write "RURAL")
 (d) Street No..... 3636 Garfield 9
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME Barbara Joan Whitlock
3. (b) If veteran, name war..... **3. (c) Social Security** No.....

4. Sex Female **5. Color or race** W **6. (a) Single, widowed, married, divorced** D
6. (b) Name of husband or wife..... **6. (c) Age of husband or wife if alive**..... years
7. Birth date of deceased May 14 1943
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day
11 hr. 35 min.

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

10. Usual occupation.....
11. Industry or business.....

12. Name Levi Hovart Whitlock
13. Birthplace Poble Mo D
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Louise Lamb
15. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Whitlock
(b) Address 3636 Garfield
17. (a) Burial PIEDMONT MO
(Burial, cremation, or removal) (b) Date thereof 5-15-43
(Month) (Day) (Year)

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) Date received by registrar MAY 17 1943 **(Registrar's signature)** J. F. Brubaker

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1943 hour 5:00 minute P.M.

21. I hereby certify that I attended the deceased from 5/14, 1943, to 5/14, 1943, that I last saw her alive on 5/14, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Prematurity
Due to.....
Due to..... 159
Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
 Of autopsy.....

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) (e) Means of injury
23. Signature: Arthur J. Donnelly (M. D. or other).....
 Address 1325 So. Grand Date signed 5/14/43

Duration.....
PHYSICIAN.....
 Underline the cause to which death should be charged statistically.

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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 W. M. 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.