V. S. No. 2
0M—5-42
ev. 5-17-39
1 X32

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16747

FILED MAY 27 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4536

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: Firmin Desloge O
(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 000

(c) City or town St. Louis 1711
(If outside city or town limits, write "RURAL")

(d) Street No. 3636 Garfield. 1
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Nancy Jean 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 O

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 14 (Day) 1943 (Year)

8. AGE: Years | Months | Days | If less than one day 16 hr. 30 min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name Levi Stovart Whitlock
13. Birthplace Ruble (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Elizabeth Louise Lamb
15. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)

16. (a) Informant Elizabeth Whitlock
(b) Address 3836 Garfield

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-15-43 (Month) (Day) (Year)

(c) Place: burial or cremation Piedmont, Mo.

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

19. (a) MAY 15 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14
year 1943 hour 9 minute 55 P.M.

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

	Duration
Immediate cause of death	
Due to Premature	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Fred Lamb O (M. D. or other)

Address 1325 So. Grand Date signed 5/15/43

(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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 48340 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.