S. No. 2
M—2-43
5-17-39
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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. 23637

FILED AUG 7 1943

Registration District No. 318 Primary Registration District No. 1003

Registrar's No. 00680

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 mos 2das. (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DEECEASED:

(a) State Missouri (b) County

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

(d) Street No. ~~Ozamen~~ Ozanam Shelter 3225 Montgomery
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WALTER WHALEY

3. (b) If veteran, name war —

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced S Div

6. (b) Name of husband or wife

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

7. Birth date of deceased September (Month) 25 (Day) 1884 (Year)

8. AGE: Years 58 Months 10 Days 2 If less than one day hr. min.

9. Birthplace DeSoto (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Laborer

11. Industry or business Railroads

MOTHER FATHER

12. Name Benj. F. Whaley

13. Birthplace DeSoto (City, town, or county) Missouri (State or foreign country) 0

14. Maiden name Charlotte Fulcher

15. Birthplace DeSoto (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Thelma A. Simpler

(b) Address 5400 Arsenal St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July (Month) 30 (Day) 43 (Year)

(c) Place: burial or cremation Devots Mo

18. (a) Signature of funeral director Tate Funeral Home

(b) Address Granite City Ill

19. (a) JUL 28 1943 (Date received local registrar) J. F. Bradesch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1943 hour 2:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 25, 1943 to July 27 1943; that I last saw him alive on July 27 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	2 weeks
Due to { Arteriosclerotic Heart Disease	
Due to { Rheumatic Heart Disease	
Due to	

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1) Arteriosclerosis
Of autopsy 2) Left ventricular Hypertrophy
3) Pneumonia (Right lower

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 L. Michelich (M. D. or other) M.D

Address 5400 Arsenal Date signed 7-27-43

(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.....John Kelter.....

Licensed Embalmer No.....3880.....

P. O. Address.....

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.