S. No. 2
M—2-43
5-17-39
I X35697

96
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 20 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39245

Registration District No. 317 | Primary Registration District No. 3063 | Registrar's No. 2552

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 50 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 8149 Gravois
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country -------

3. (a) PRINT FULL NAME William Whitney
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 Sep
6. (b) Name of husband or wife MINNIE WHITNEY
6. (c) Age of husband or wife if alive 73 years
7. Birth date of deceased 7-4-1855 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	88	4	12	hr. min.

9. Birthplace Baltimore, Md. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Porter
11. Industry or business ------
FATHER
12. Name Unknown
13. Birthplace ? (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Laura ?
15. Birthplace ? (City, town, or county) 9 (State or foreign country)
16. (a) Informant Himself
(b) Address 8149 Gravois, Lemay
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 11-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation HIRAM CEMETERY
18. Signature of funeral director ALBERT H. Hoppe
(d) Address 4209 Washington Blvd
(a) NOV 18 1943 (Date received local registrar) (b) E. G. McGavran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11- day 16- year 43 hour 12:45 minute P. M.
21. I hereby certify that I attended the deceased from 9-27-43, 19..., to 11-16-43, 19...; that I last saw him alive on 11-16-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic Cardio-Vascular Disease with Decompensation	1 wk
Due to 181-1	
Due to 15	
Other conditions Burns - 1° 2° 3° Left Arm & Chest (Include pregnancy within 3 months of death)	9 wks

Major findings: Generalized Arteriosclerosis c̄ Nephritis. Senility
Of operations 181-1 15
Of autopsy Hypertrophied & dilated heart. Congestion of liver and spleen. Hydrothorax, Bronchopneumonia, Nephrosclerosis

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) accident 096
(b) Date of occurrence 9-27-43
(c) Where did injury occur? Lemay, St. Louis Co., Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home (Specify type of place)
While at work? no (e) Means of injury burns
23. Signature John Niederwimer (M. D. or other) M.D.
Address 601 S. Brentwood Date signed 11-17

707

(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.....

Licensed Embalmer No. 3578

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.