

Registration District No. 818 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:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Montgomery

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. East Fork Township  
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Carl Floyd Whitman

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18  
year 1944 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3-14-44  
to 3-18, 1944  
that I last saw him alive on 3-17, 1944  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Bertha Whitman 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: March 8 1884  
(Month) (Day) (Year)

Immediate cause of death: Post-operative shock Duration 16 hrs.

Due to craniotomy for brain tumor

Due to Malignant lymphoma

Other conditions: 57  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

60	0	10	hr. min.
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PHYSICIAN

Major findings: Of operations 57

Of autopsy as above

Underline the cause to which death should be charged statistically.

9. Birthplace: Xenia Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name John F. Whitman

13. Birthplace Xenia Illinois  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jones

15. Birthplace Xenia Illinois  
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha L. Whitman

(b) Address Coffeen, Ill.

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?

17. (a) Removal (b) Date thereof 3-23-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Irving, Illinois

While at work? (Specify type of place)

(c) Means of injury

23. Signature J. F. Prodech (M. D. or other) M.D.  
Address BARNES HOSPITAL Date signed 3-18-44

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAR 22 1944 (Date received local registrar)

J. F. Prodech (Registrar's signature)

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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

*John Agonovski*

..... Licensed Embalmer No. *2398*.....

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.**