

FILED MAY 25 1944

State File No. _____

4194

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
Enroute to City Hospital
(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
(If outside city or town limits, write "RURAL")
 (d) Street No. 5846 Elmbank
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Samuel Lawrence Whitmore

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Margaret Whitmore 6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased February 28 1900
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>2</u>	<u>7</u>	hr. _____ min. _____

9. Birthplace Murtin Colliery England
(City, town, or county) (State or foreign country)

10. Usual occupation Paint Sprayer

11. Industry or business Emerson Turret Plant

MOTHER FATHER { 12. Name Samuel Whitmore
 13. Birthplace Unknown England
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Jane Kay
 15. Birthplace Unknown England
(City, town, or county) (State or foreign country)

16. (a) Informant Margaret Whitmore
 (b) Address 5846 Elmbank

17. (a) Removal (b) Date thereof 5-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marissa, Illinois

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

(b) Address 4700 Washington Blvd.

19. (a) MAY 5 1944 (b) J. F. Brink
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5
 year 1944 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Myopathy
 Due to _____
 Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

Duration _____
 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? _____

While at work? _____
(Specify type of place) (Specify type of means of injury)

23. Signature Alfred Perry (M.D. or other) _____
 Address Deputy Coroner Date signed 5/14/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A LEGIBLE COPY

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 G. W. Wilkinson

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.