

FILED JUL 25/1944

Primary Registration District No. 6076

Registrar's No. 1455

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Rural Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Vincent's Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months 3 days
(Specify whether years, months or days)
In this community 340 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 220 N. Kingshighway Blvd. 9
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME MRS. FANNIE WHITEHEAD

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

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

6. (b) Name of husband or wife Charles N. Whitehead 6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased May (Month) 1878 (Day) (Year)

8. AGE: Years 66 Months 1 Days 7 If less than one day hr. min.

9. Birthplace Bastrop Texas (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Thomas Haynie
13. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Chas. P. Whitehead
(b) Address Bryn Mawr, Pa.

17. (a) burial (b) Date thereof 7/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.

19. (a) JUL 6 - 1944 (b) E. G. (me) Garrison, M.D.
(Date received local health officer) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7/4/44 - Day 3:15 - hour 8 - minute 0 - M.

21. I hereby certify that I attended the deceased from 7/10/44 to 7/4/44 and that death occurred on the date and hour stated above.

Immediate cause of death central schismia Duration 14y.

Due to Art. Schismia
Due to
Other conditions Calvarium infection
(Include pregnancy within 3 months of death)

Major findings: Of operations 110
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) red
(Address [Address]) Date signed 7/4/44

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

96
0
0

JUL 18 1944

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 *Neville B. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address. *416 Lindell*

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.