U. S. No. 2
OM—8-43
v. 5-17-39
p I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 30 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29949

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8020

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6721 Scanlan Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 1

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 6721 Scanlan Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Daniel E Whalen

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male U

5. Color or race White

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

6. (b) Name of husband or wife Mim

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased April (Month) 23 (Day) 1884 (Year)

8. AGE: Years 60 Months 4 Days 25 If less than one day hr. min.

9. Birthplace New Orleans (City, town, or county) La (State or foreign country)

10. Usual occupation Coppersmith

11. Industry or business Frisco Railroad

FATHER
12. Name Dan Whalen
13. Birthplace New Orleans (City, town, or county) La (State or foreign country)

MOTHER
14. Maiden name Carrie Lane
15. Birthplace New Orleans (City, town, or county) La (State or foreign country)

16. (a) Informant Mim Whalen
(b) Address 6721 Scanlan Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 20 (Day) 44 (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Kriegshauser
(b) Address 4228 So. Kingshighway

19. (a) SEP 19 1944 (Date received local registrar) (b) J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 18 year 1944 hour 5 minute a M.

21. I hereby certify that I attended the deceased from July 1 1944 to Sept. 18th 1944 that I last saw him alive on 9-18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 2 days

Due to

Due to Arteriosclerosis

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
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? (Specify type of place)
While at work?
(e) Means of injury

23. Signature J. P. Hennecke (M. D. or ~~other~~)
Address 6200 Columbia Ave Date signed 9/18/44

(Licensed Embalmer's Statement on Reverse Side)

Dr Hemrich
Southwest & Columbia

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 Edwin D. McDermott

Licensed Embalmer No. 3024

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.