V. S. No. 2
0M—8-43
cv 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 10 1944

Registration District No. 943

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32952

Registrar's No. 9377

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: 2411 N. Sarah St. (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) 1
In this community

2. USUAL RESIDENCE OF DEECEASED:

(a) State Missouri (b) County 060
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 2411 N. Sarah St. (If rural, give location) 119
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Anna M. Whalen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Whalen

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

7. Birth date of deceased February (Month) 21 (Day) 1871 (Year)

8. AGE: Years 73 Months 8 Days 11 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name John Driscoll

13. Birthplace (City, town, or county) Ireland (State or foreign country) 4

14. Maiden name Margaret Crimmen

15. Birthplace (City, town, or county) Ireland (State or foreign country) 4

16. (a) Informant Mrs. Marie Coldrick
(b) Address 2411 N. Sarah St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11- 6- 44 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.
(b) Address 1710 N. Grand Blvd.

19. (a) NOV 4 1944 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 2 year 1944 hour 10 minute 40 a. M.

21. I hereby certify that I attended the deceased from May 1941, 19..., to Nov 2, 1944, that I last saw h. alive on Nov 1, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	36 hrs
Due to Arteri-sclerosis	10 yrs
Due to Chr Myocarditis	6 yrs
Due to	
Other conditions (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:
(c) 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 0

23. Signature [illegible] (M. D. or other) M D
Address 4176 Shreve Date signed 11/3/44

(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 Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.