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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 24 1944

Registration District No. 3

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3067

State File No. 35381

Registrar's No. 2097

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ladue Village
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Residence; # 7 Black Creek Lane.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Village of Ladue. 12
(If outside city or town limits, write "RURAL")

(d) Street No. # 7 Black Creek Lane. 1
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Robert Blackwall Whittemore.

3. (b) If veteran, name war none

3. (c) Social Security No. 486-28-0234

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Laura Edgar Whittemore.

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased Jan. (Month) 21st (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
81	8	24	hr. min.

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

10. Usual occupation Insurance Broker.

11. Industry or business

FATHER
12. Name Robert B. Whittemore. 1
13. Birthplace Astoria, Long Island, N.Y. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kathrine Levering.
15. Birthplace Springfield, Illinois 1 (City, town, or county) (State or foreign country)

16. (a) Informant Robert B. Whittemore.

(b) Address # 7 Black Creek, Lane

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-16-44 (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 D4lmar Blvd.

19. (a) OCT 16 1944 (Date received local registrar) (b) E. L. McGovran M.D. (Registrar's signature) Tcms

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th year 1944 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 1, 1944, to death, 1944; that I last saw him alive on Oct 10, 1944; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of prostate with metastases to liver bone + lymph node	+ 8 mo
Due to	
Due to	
Other conditions Arteriosclerotic Heart disease (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 0

23. Signature Keith S. Wilson (M. D. or other) M.D.

Address 4952 Maryland Date signed 10-15

(Licensed Embalmer's Statement on Reverse Side)

Dr. Keith Wilson.
4952 Maryland
RO-2910
Hrs.-

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City - Va

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.