

S. No. 2  
M-8-43  
5-17-39  
K37823

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

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39905**  
Registrar's No. **11027**

FILED JAN 5 1945 318

1003

Registration District No. \_\_\_\_\_ Primary Registration District 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 City Hospital #1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 25 Years (Specify whether years, months or days)

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. 463 N Whitter St  
(If rural, give location) ..  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Laura Whitney

3. (b) If veteran, name war..... 3. (c) Social Security No. NO

4. Sex F female | 5. Color or race White | 6. (a) Single, widowed, married, divorced, married  
Deceased  
6. (b) Name of husband or wife Herman Whitney | 6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased 11 15 1878  
(Month) (Day) (Year)

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

9. Birthplace Joplin Mo | Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation housework

11. Industry or business.....

12. Name Joh n Evance  
13. Birthplace unknown | Mo  
(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: Kenneth Whitney  
(b) Address 463 N. Whitter St.

17. (a) Burial (b) Date thereof 12-26-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cem.

18. (a) Signature of funeral director: [Signature]  
(b) Address 2228 St Louis Ave.

19. (a) DEC 24 1944 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 23  
year 1944 hour 8 minute 35 A.M.

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

Immediate cause of death: Lobar pneumonia primary  
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?.....

(Specify type of place)  
While at work?..... (c) Means of injury 3  
3. Signature [Signature] (M. D. or other)  
Address [Signature] Date signed 12/26/44

**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 *Majie A. Cashion*

Licensed Embalmer No. *3949*

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.**