

FILED MAR 5 1945

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 523

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town NORMANDY MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GERMAN ST. VINCENT-ORPHAN-HOME
(If not in hospital or institution, write street name and number)
(d) Length of stay: In hospital or institution 12 DAYS
In this community LIFE
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 12
(c) City or town NORMANDY
(If outside city or town limits, write "RURAL")
(d) Street No. 7401 FLOISSANT RD.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country NONE

3. (a) PRINT FULL NAME DANIEL ROBERT WHITNEY

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased NOV. 12TH 1942
(Month) (Day) (Year)

8. AGE: Years 2 Months 3 Days 9 If less than one day = hr. = min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CHILD

11. Industry or business ---

12. Name CHARLES WHITNEY

13. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE PARKER

15. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Esmeralda Superior

(b) Address 7401 Floissant Rd.

17. (a) BURIAL (b) Date thereof FEB 24-45
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Brookland Ind.

(b) Address 1827 HOGAN ST.

19. (a) FEB 23 1945 (b) D. L. G. McManan
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 22ND
year 1945 hour 4. minute A. M.

21. I hereby certify that I attended the deceased from Feb 18
1945 to Feb 22 1945
that I last saw him alive on Feb 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Branchial Pneumonia Duration 2 days

Due to Branchitis acuta + tonsillitis 3 days

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:

(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 Charles W. Gubman (M. D. or other)

Address 5183 Cabanne Ave Date signed 2/23/45

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

MOTHER FATHER

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 John Ogonoski
Licensed Embalmer No. 3398
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.