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

JUN 16 1945

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1003

State File No. 11915

Registration District No. 318

Primary Registration District No.

Registrar's No. 3777

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:
Missouri Baptist Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 29
(If outside city or town limits, write "RURAL")

(d) Street No. 2046 a E. Prairie ave
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Gordon D. Whitling

3. (b) If veteran, name war no

3. (c) Social Security No. 499-01-9772

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Phyllis Whitling

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April (Month) 14 (Day) 1893 (Year)

8. AGE: Years 52 | Months 0 | Days 12 | If less than one day hr. min.

9. Birthplace Knox (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Purchasing agent

11. Industry or business Ramsey Accessories Mfg. Corp.

FATHER
12. Name not known
13. Birthplace not known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Myrtle Whitling
15. Birthplace Knox (City, town, or county) Pennsylvania (State or foreign country)

16. (a) Informant Mrs. Phyllis Whitling
(b) Address 2046 a East Prairie ave,

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Apr-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters' Cemetery

18. (a) Signature of funeral director A. Kraus L. & U. Co
(b) Address 2707 N. Grand Blvd

19. (a) APR 28 1945 (Date received local registrar) (b) J. F. Brenech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 April day 26
year 1945 hour 1 minute 45 p.M.

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

Immediate cause of death

Due to Coronary Occlusion

Due to

Other conditions 94a
(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? (e) Means of injury 3

23. Signature Patrick E Taylor (M. D. or other)
Address Dep. Cor. Date signed 4/28/45

(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1945

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 V E Morris

Licensed Embalmer No. 3360

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.