

FILED APR 28 1945

Registration District No.

Primary Registration District No. 1003

Registrar's No. 3094

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

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:
1516 Union Ave.
(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:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1516 Union Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lovenia W. Whyte

3. (b) If veteran, name war Nil 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 James A. Whyte 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 26 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 1 9 hr. min.

9. Birthplace Calloway County Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business
12. Name James H. Drinkard
13. Birthplace Unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Branch
15. Birthplace Unknown Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J.H. Walton
(b) Address 701 Valley Dr.

17. (a) Burial (b) Date thereof 4-7-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Millersburg, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) APR 6 1945 (b) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1945 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from 12-23
1944 to 4/5 1945
that I last saw h. as alive on 4/5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Coronary Arterial Dis

Due to
Other conditions (Include pregnancy within 3 months of death) 131

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? (c) Means of injury 0
23. Signature Dr. J.H. Walton (M. D. or other)
Address 536 N. Taylor Date signed 4/6/45

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 Ganoski*
.....
..... 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.