

FILED JUL 14 1945 318

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4933 Chippewa
(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 Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4933 Chippewa
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Boulah Whiles

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clarence 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased Dec. 3 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 6 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Darksville Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER
12. Name James McAdams
13. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Mary Byrd
15. Birthplace Unknown N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Clarence Whiles
(b) Address 4933 Chippewa

17. (a) Burial Removal (b) Date thereof 6 29 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Moberly Mo.

18. (a) Signature of funeral director Kriefshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) WIN (b) J. F. Brudick
(Date and local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1945 hour 9:30 A.M. minute _____ M. _____

21. I hereby certify that I attended the deceased from July 15 1945 to June 28 1945
that I last saw him alive on June 28 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Carcinoma uterine Duration 5 yrs

Due to _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature O. D. Meyer (M.D. or other) _____
Address 6039 S. Kingshighway Date signed 6/29/45

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

