

No. 2  
1-5-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8071

State File No. ....

**FILED** MAR 31 1946

Registration District No. ....

Primary Registration District No. ....

1003

Registrar's No. ....

1098

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:  
Alexian Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: abt. 1 week  
(Specify whether  
In this community life  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-5-11  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL") 17/7  
(d) Street No. 3653 DeTonty Street  
(If rural, give location) 9  
(e) Citizen of foreign country?..... (Yes or No) 6  
If yes, name country.....

3. (a) PRINT FULL NAME Harry Whelan

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased November 22, 1871  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 9 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Legal Profession

12. Name John Whelan

13. Birthplace Ireland  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Keenan

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry W. Whelan

(b) Address 3653 DeTonty Street

17. (a) Burial (b) Date thereof 2-4-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. J. Finan

(b) Address 1519 S. Grand Blvd

19. (a) FEB 1 1946 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 31st year 1946 hour 7 minute 00 AM

21. I hereby certify that I attended the deceased from Jan 21, 1946 to Jan 31, 1946  
I last saw him alive on Jan 30-1946, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion Duration 5 days

Due to Cardio-Pulmonary-Vascular Disease Several years

Due to.....  
Other conditions Hypertension 12/1 ?

PHYSICIAN  
Major findings:  
Of operations.....  
Of autopsy.....  
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 St. Louis Schuchat (M. D. or other) 0  
Address 2200 Chestnut av Date signed 1-31-46

JUN 18 1946

**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 Richard L. Smith  
Licensed Embalmer No. 3917  
P. O. Address St Louis

**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.**