

FILED JUN 3 1946

State File No.

4699

Registration District No.

Primary Registration District No.

1003

Registrar's 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:
Usona Hotel
(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)

3. (a) PRINT FULL NAME Julia May Whelan

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

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Denney E. Whelan 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 1, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
85 0 23 hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Richard D. Lancaster
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Julia Connors
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Julia Mae Schilling
(b) Address 5000 Waterman Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-27-46 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindbergh Blvd
19. (a) MAY 28 1946 (b) J. F. Bredeck (Registrar's signature)

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. 5000 Waterman Ave. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24th year 1946 hour 7 minute 15 P. M.
21. I hereby certify that I attended the deceased from April 8 to May 24, 1946
that I last saw her alive on May 17 and that death occurred on the date and hour stated above.

Immediate cause of death Art. Syst. Heart Disease
Cong. Heart Failure

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Robert J. Tamm (M. D. or other) Address 624 N. Union Date signed 5/25/46

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

17921

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

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lindell*

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.