. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29203

FILED AUG 20 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6834

1. PLACE OF DEATH:

(a) County
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1248 A Hodiamont 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 Saint Louis 511
(If outside city or town limits, write "RURAL")
(d) Street No. 1248 A Hodiamont Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Emma Whalen

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife James Whalen

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

7. Birth date of deceased Dec (Month) 20 (Day) 1868 (Year)

8. AGE: Years 77 Months ~~8~~ Days ~~29~~ 4 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Frank Luscomb 9
13. Birthplace No Record (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Emma Tourville
15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Charles Bader
(b) Address 1248 A Hodiamont Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 7 (Day) 1946 (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Jos W Clark
(b) Address 1125 Hodiamomt Ave

19. (a) AUG 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 4 year 1946 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 1 1945 to Aug 4 1946 that I last saw him alive on July 28 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral accident	2 hrs.
Due to: Arterio-sclerosis	10 yrs
Due to: Arterial hype-tension	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature Thos M Dowe (M. D. ~~or other~~)
Address 2422 N Grand Date signed 8/4/46

(Licensed Embalmer's Statement on Reverse Side)

Dr T M Davis
9355 Old Bonhme Rd

OCT 13 1954

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 Alfred J. Bredeker

Licensed Embalmer No. 2663

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.