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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 8319

FILED SEP 9 1946
318

1003

Registration District No. _____ Primary Registration District No. _____

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:
4522 Red Bud Avenue.
(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 _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4522 Red Bud Avenue.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Richard E. Whiting.
(b) If veteran, name war None
(c) Social Security No. 491-14-6815

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 23rd.
year 1946 hour About 6:00 minute A.M. M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma E. Whiting.
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased November 3, 1969.
(Month) (Day) (Year)

Immediate cause of death _____
Coronary Thrombosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 9 months of death) _____
Major findings:
Of operations _____
Of autopsy _____

8. AGE: Years Months Days If less than one day
76 9 20 hr. _____ min. _____

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

10. Usual occupation Music Salesman (retired)

11. Industry or business _____

12. Name Richard Whiting.

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

14. Maiden name Rechael Hadlen.
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Emma E. Whiting.

(b) Address 4522 Red Bud Avenue.

17. (a) Burial (b) Date thereof 8-26-1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.

(b) Address 5966-68 Easton Avenue.

19. (a) AUG 24 1946 (b) J. F. Bredeck
(Date of local Registrar) (Registrar's signature)

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) (c) Means of injury 3
23. Signature John E. Dugan (M. D. or other) _____
Address _____ Date signed 8/24/46

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

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 Peter B. Dubrouillet

Licensed Embalmer No. 2691

P. O. Address Richmond Heights

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.