

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED AUG 27 1946**

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7179**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 5631 Maple Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Louis F. Whitlock

3. (b) If veteran, name war No

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18  
year 1946 hour 12:30 minute \_\_\_\_\_ P. M.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 27 1879  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1/30, 1946, to 8/18, 1946, that I last saw him alive on 8/8, 1946, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>22</u>	_____ hr. _____ min.

Immediate cause of death: Gen Carcinomatous Primary Urinary Bladder

Due to \_\_\_\_\_

9. Birthplace Litchfield Ill.  
(City, town, or county) (State or foreign country)

Other conditions: Malaise, Pelvic  
(Include pregnancy within 3 months of death)

10. Usual occupation Inspector

Major findings: Ca Bladder

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business U. S. Government

12. Name John Whitlock

13. Birthplace No. Carolina  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown George

15. Birthplace No. Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Marie Whitlock

(b) Address 5631 Maple Ave.

17. (a) Burial (b) Date thereof 8 21 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

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

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 U

23. Signature Geo. Bartley (M. D. or other) \_\_\_\_\_

Address 205 Paris Co Bldg Date signed 8/19/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
28047

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**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 *Edwin M. Gerwatt*

Licensed Embalmer No. *3024*

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.**