S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22753

FILED JUL 7 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6071

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 1036 Tillie Ave.
(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 Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1036 Tillie Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Whalen
3. (b) If veteran, name war No
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 5 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	18	hr. min.

9. Birthplace Kinmundy (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name George Whalen
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Al Mester
(b) Address 1036 Tillie Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Springfield, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 24 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23 year 1947 hour 2 minute 45 P. M.
21. I hereby certify that I attended the deceased from June 18 1947 to June 23 1947 that I last saw him alive on June 23 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic myocarditis	5
Due to not known	
Due to	
Other conditions (Include pregnancy within 3 months of death) Cardiac asthma	1 yr.

Major findings:
Of operations none
Of autopsy none

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(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

23. Signature N. F. Miller (M. D.)
Address 8410 N. Broadway Date signed 6-24-47
St Louis Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

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.