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FILED OCT 30 1948

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

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

Registrar's No. **9083**

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:  
**Lutheran Hospital D**  
(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 **Mo.** (b) County **St. Louis**

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

(d) Street No. **3943a Shenandoah Ave.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **ESTELLE N. WHITING**

3. (b) If veteran, name war **None**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **18**  
year **1948** hour **9:45** minute \_\_\_\_\_ P. **M.**

4. Sex **Female**

5. Color or race **White**

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

6. (b) Name of husband or wife **Royal B.**

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

7. Birth date of deceased **Aug. 22 1885**  
(Month) (Day) (Year)

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.

8. AGE: Years Months Days If less than one day

**63** **1** **26** \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death **Coronary Occlusion**  
**Coronary Sclerosis**

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

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

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

MOTHER FATHER

9. Birthplace **Evansville Ind.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

12. Name **James Litherland**

13. Birthplace **Evansville Ind.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Alice Clark**

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant **Royal B. Whiting**

(b) Address **3943a Shenandoah Ave.**

17. (a) **Burial** (b) Date thereof **10-22-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cem.**

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

(b) Address **4228 S. Kingshighway Bl.**

19. (a) **OCT 20 1948** (b) **J B Lassater**  
(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 \_\_\_\_\_

23. Signature **[Signature]** (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed **10/20/48**

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

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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 A. M. Dermott*

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.**