

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **7424**

No. 300  
10.48

XC 17 758 578  
Reg.# 116 296  
BIRTH NO. FILED FEB 18 1954

REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **100** Registrar's No. **268**

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

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>ST. LOUIS</b>		a. STATE <b>MISSOURI</b>	b. COUNTY <b>2059</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>5791 WESTMINSTER AVENUE</b>	
c. LENGTH OF STAY (In this place) <b>10 days</b>		d. STREET ADDRESS (If rural, give location) <b>ST. LOUIS, MISSOURI</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSP.</b>			

<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>		
a. (First) <b>JAMES</b>	b. (Middle) <b>M</b>	c. (Last) <b>WHELAN</b>	(Month) <b>1</b>	(Day) <b>28</b>	(Year) <b>54</b>
(Type or Print)			OF DEATH		

<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>WHITE</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> <b>DIVORCED</b>	<b>8. DATE OF BIRTH</b> <b>9-4-90</b>	<b>9. AGE</b> (In years last birthday) <b>63</b>	<b>10 MONTHS</b>	<b>10 DAYS</b>	<b>10 HOURS</b>	<b>10 MIN.</b>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>CLERK</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>STEEL COMPANY</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>JAMES WHELAN</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>JULIA SULLIVAN</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>NONE</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	<b>16. SOCIAL SECURITY NO.</b> <b>491 14 9905</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>VA HOSPITAL RECORDS, JEFF. BKS. MO.</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>	<b>INTERVAL BETWEEN ONSET AND DEATH</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>BRONCHOGENIC CARCINOMA, RIGHT LOWER LOBE WITH METASTASES TO MEDIASTINAL NODES, LIVER, RIB, BASAL GANGLIA AND PANCREAS</b>	<b>UNK</b>
	<b>ANTECEDENT CAUSES</b> <i>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</i>	
	<b>DUE TO (b)</b> _____	
	<b>DUE TO (c)</b> _____	
	<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
	_____	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		<b>162X</b>

<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>

<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (m.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>

**22. I hereby certify that I attended the deceased from** 1-18-54, 1954, **to** 1-28-54, 1954, ~~from the time of the deceased's death until the time of the death~~, **and that death occurred at** 9:45A m., **from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>[Signature]</i> <b>T. Kaminski, M.D.</b> (Degree or title)	<b>23b. ADDRESS</b> <b>VA HOSP. JEFF. BKS. MO.</b>	<b>23c. DATE SIGNED</b> <b>1-28-54</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>	<b>24b. DATE</b> <b>2-1-1954</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Calvary Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>St. Louis, Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>1/29/54</b>	<b>REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS <b>Cullinane Bros. 3320 N. Kingshighway</b>
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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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*Fred Frick*

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.