

NOV 16 1940 791

1003  
Primary Registration District No.

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

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:  
1027 Rutger St  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 20  
(Specify whether \_\_\_\_\_)  
In this community 11 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1027 Rutger St  
(If rural, give location)  
(e) If foreign born, how long in U.S.A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Lillie May Whaley

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color of W 6. (a) Single, widowed, married, divorced W

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

7. Birth date of deceased April 6, 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
76 5 25 hr. min.

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

10. Usual occupation Housewife

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

12. Name William Glore

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

14. Maiden name Cynthia Vivian

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

16. (a) Informant Lillian Whaley

(b) Address 1027 Rutger St

17. (a) Burial (b) Date thereof 10/3/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director P. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) OCT 2 1940 (b) [Signature]  
(Date received local registrar) (If State or local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 1  
year 1940 hour 9 minute 50 A.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.

Immediate cause of death Chronic Myocarditis  
arteriosclerosis

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

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

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

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

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

Duration  
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 \_\_\_\_\_

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_  
Address Deputy Coroner Date signed 10/3/40

**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

*Paul A. Keith*

Licensed Embalmer No.

*3612*

P. O. Address

*2317 Lafayette*

**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.**