

DEPT. JA.
 1939 JAN 11 1939

MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

41549
 Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003
 (c) City of St. Louis (d) Street No. 1008a Morrison Ave St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

407 Robert M. Whaley
 (a) Residence, No. 1008a Morrison St. 22 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Lilly

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 8 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
 9. Industry or business in which work was done, as saw mill, bank, etc. Unemployed
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Hopewell (STATE OR COUNTRY) Missouri

FATHER 13. NAME Sam Whaley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Cynthia Vivian
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Irvin Whaley (ADDRESS) 1544 S. Broadway

18. BURIAL, CREMATION OR REMOVAL in New St. Marcus Cem. PLACE 12/31/38

19. FUNERAL DIRECTOR A. W. McLaughlin (ADDRESS) 2301 Lafayette Ave

20. FILED DEC 29 1938 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/29/38 1938

22. I HEREBY CERTIFY, That I attended deceased from November 25th 1938, to December 29th 1938
 I last saw him alive on December 28th 1938. Death is said to have occurred on the date stated above, at 7:45 A. M.

The principal cause of death and related causes of importance were as follows:

Chronic Endocarditis
Rheumatic
56 A
 Other contributory causes of importance: Arterio Sclerosis
Indefinite

Name of operation none Date of _____
 What test confirmed diagnosis clinical symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) W. H. Pries M. D.
 (Address) 1544 S. Broadway

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-7-20-37 I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, L. R. Cooper, Licensed Embalmer No. 3633

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed L. R. Cooper

Licensed Embalmer No. 3633

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.)