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FILED MAR 20 1944

State File No. _____

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 645

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Adm. 3/8/44
(Specify whether
In this community since 3/8/44
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois Co.
(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")
(d) Street No. 405 N. Division Street
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME Lee W. Whittier

3. (b) If veteran, name war World War #1 3. (c) Social Security No. yes - not

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, remembered Married
6. (b) Name of ~~husband's~~ wife Mrs. Gladys Whittier 6. (c) Age ~~husband's~~ wife if alive 45 years
7. Birth date of deceased Aug. 16, 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12th, year 1944 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from March 8, 19 44 to March 12, 19 44
and that death occurred on the date and hour stated above.
that I last saw him im alive on March 12, 19 44

Immediate cause of death Tuberculosis, pulmonary, chronic, active, far advanced.
Duration Unknown

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>6</u>	<u>26</u> hr. min.

Due to -
Due to -

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

Other conditions None.
(Include pregnancy within 3 months of death)

10. Usual occupation Painter

Major findings: Of operations No operation.
Of autopsy No autopsy.
PHYSICIAN 1361
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business -
12. Name Sam Whittier
13. Birthplace Bonne Terre, Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary Mendley
15. Birthplace Staten County, Missouri
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) NO
(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? _____

16. (a) Informant M. Schully
(b) Address Clinical Clerk, VAF, Jeff. Bk., Mo.
17. (a) Burial (b) Date thereof 3-15-44
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work Specified (e) Means of injury _____

(c) Place: burial or cremation Bonne Terre, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

Signature L. M. COCHRAN, M.D. (M. D. or other)
Address CHIEF MEDICAL OFFICER Date signed 3/13/44

19. (a) MAR 15 1944 (b) E. J. McHarran
(Date received local registrar) (Registrar's signature)

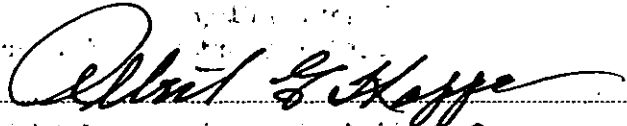
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

working under my personal supervision.

Signed



Licensed Embalmer No. 2971

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.