

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

Do not use this space.

3426

**1. PLACE OF DEATH**

County.....

Registration District No. 791

File No. ....

Township.....

Primary Registration District No. 1063

Registered No. 1057

City St. Louis (No. 37 West Moreland)

St. .... Ward)

**2. FULL NAME**

Jerry B White

(a) Residence No. 37 West Moreland St., 12 Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

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

5A. If MARRIED, WIDOWED, OR DIVORCED HUSBAND or (OR) WIFE OF Emma White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2-16-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.  
62 11 7

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Janitor  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Albert White

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Smith

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT (Address) Emma White  
37 West Moreland

15. FILED 1928 May 6 Stark REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-29 1928

17. I HEREBY CERTIFY That I attended deceased from 1-23 1928, to 1-23 1928, that I last saw him alive on 1-23 1928, and that death occurred, on the date stated above, at 10 8 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Valvular Heart Disease 92A  
57B

CONTRIBUTORY (SECONDARY) Chronic  
(duration) ... yrs. ... mos. ... da.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH..... DATE OF.....  
WAS THERE AN AUTOPSY..... no

WHAT TEST CONFIRMED DIAGNOSIS.....  
(Signed) William Bullen Brady, M. D.  
1-28, 1928 (Address) 917 1/2 Park St

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park DATE OF BURIAL 1-29-1928

20. UNDERTAKER Gates ADDRESS 4107-9 Finney

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.

RECORD

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