

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

Do not use this space.

26669

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. 3016.0, Franklin av St. 21 Ward)

File No.
 Registered No. 7958

2. FULL NAME

John E. White
 (a) Residence No. 3016.0, Franklin av St. 21 Ward.
 (Usual place of abode) (If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Louise White

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15th 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
25 4 11

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Porter
 (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) ark

10. NAME OF FATHER John White

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

12. MAIDEN NAME OF MOTHER Mary Parker

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

14. INFORMANT Louise White
 (Address) 3016.0 Franklin av

15. FILED L. G. - 1 19 May C. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1929

17. I HEREBY CERTIFY, that I attended deceased from July 23 1929, to July 27 1929, that I last saw him alive on July 27 1929, and that death occurred, on the date stated above, at 10.29 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar pneumonia

100
100A (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Cold non specific (duration) yrs. mos. 4 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Bac culture

(Signed) J. H. Flowers M. D.

, 19 (Address) 1711 N. 4th 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 Cem DATE OF BURIAL 8-4 1929

20. UNDERTAKER E. Scott, 3015. Lawton. av. ADDRESS

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.

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