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

Do not use this space.

37314

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 B — Registered No. 386

City Jefferson Brks, Mo. (No. U.S. Veterans Hospital, Jefferson Brks, Mo. Ward)

2. FULL NAME Leon A. White.

(a) Residence. No. 5039 Mardel Ave., St., Ward. (If nonresident give city or town and State)
(Usual place of abode) St. Louis, Mo.

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Alta E. White.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 22, 1893

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	37	1	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Estimator.

(b) General nature of industry, business, or establishment in which employed (or employer) John Rohan Contracting Co.

(c) Name of employer John Rohan Contracting Co.

9. BIRTHPLACE (CITY OR TOWN) Greenville, (STATE OR COUNTRY) Illinois.

PARENTS

10. NAME OF FATHER John H. White.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Greenville, (STATE OR COUNTRY) Illinois.

12. MAIDEN NAME OF MOTHER Emelie Meyer.

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, (STATE OR COUNTRY) Missouri.

14. INFORMANT C. H. Smith. Clinical Director.
(Address) U.S. Veterans Hospital, Jefferson Barracks, Mo.

15. FILED 11-27, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 26, 1930

17. I HEREBY CERTIFY, That I attended deceased from November 14, 1930, to November 26, 1930 that I last saw him alive on November 26, 1930, and that death occurred, on the date stated above, at 11:35 AM. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myelitis transverse.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Tuberculosis of Spine with spinal cord pressure

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown.

DID AN OPERATION PRECEDE DEATH? Yes DATE OF Nov. 24, 1930.

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Operation, Physical, X-Ray & Laboratory findings.

(Signed) C. Gibson, Medical Officer In Chg. M.D.
, 19 (Address) U.S. Veterans Hospital, Jefferson Brks, Mo.

*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: Mt Auburn Cem Greenville Ill — DATE OF BURIAL: Nov 28 1930

20. UNDERTAKER: W. Donnell & Co — ADDRESS: Greenville Ill

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD