

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

Do not use this space

3337

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1603

City St. Louis, Mo. (No. 2001 Madison St.)

File No. ....

Registered No. 561

St. .... Ward)

**2. FULL NAME**

Elizabeth White

(a) Residence. No. 2001 Madison St., 16 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. " mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

Female

**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**

Wife of Jesse White.

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)**

July 31, 1849

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
81	5	13	

**8. OCCUPATION OF DECEASED**

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

**9. BIRTHPLACE (CITY OR TOWN)**

Watson

(STATE OR COUNTRY)

Illinois

**10. NAME OF FATHER**

Not known Mary

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

Not known

(STATE OR COUNTRY)

" "

**12. MAIDEN NAME OF MOTHER**

" "

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

" "

(STATE OR COUNTRY)

**14.**

INFORMANT.....

(Address)

Mrs. P. J. Roche  
2907 1/2 Harper

**15.**

FILED.....

1931

May E. Parker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

Jan. 13, 1931.

**17.**

HEREBY CERTIFY, That I attended deceased from June, 1930, to Jan. 13, 1931. That I last saw h. a. m. alive on Jan. 11, 1931, and that death occurred, on the date stated above, at a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic myocarditis with general arterio-sclerosis  
 (duration) ..... yrs. .... mos. .... ds.

**CONTRIBUTORY (SECONDARY)**

(duration) ..... yrs. .... mos. .... ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH?..... DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

Signed) A. J. Banks, M. D.  
 1/14/31, 19 (Address) 2206 Howard

\*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**

**DATE OF BURIAL**

Friedens, Germ.

Jan. 16, 1931

**20. UNDERTAKER**

**ADDRESS**

Guedmeyer & Co.

3934 1/2 20

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.

