

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

Do not use this space.

11928

1. PLACE OF DEATH

County..... Registration District No. 1 791
 Townshp..... Primary Registration District No. 1003
 City St. Louis (No. 3713) Washington Blvd St. Ward)

File No.
 Registered No. 3176
 St. Ward)

2. FULL NAME

Joseph Lynden White
 (a) Residence No. 5907 My Pherson St., 15 Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3 - 11 - 1931

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

17. I HEREBY CERTIFY, That I attended deceased from March 11th, 1931, to Mar 11th, 1931, that I last saw her alive on March 11th, 1931, and that death occurred, on the date stated above, at 10:20 a.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 22 1874

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 6 19

Acute dilatation of heart, due to aortic regurgitation.
92A
95B (duration) yrs. mos. ds.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Editor of 1916
 (b) General nature of industry, business, or establishment in which employed (or employer) American Paint & Oil Dealer
 (c) Name of employer Chicago Ill.

CONTRIBUTORY (SECONDARY) P. D. W. (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Chicago (STATE OR COUNTRY) Ill.

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

10. NAME OF FATHER Joseph White

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

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

WAS THERE AN AUTOPSY?.....

12. MAIDEN NAME OF MOTHER Katherine Lydia

WHAT TEST CONFIRMED DIAGNOSIS
 (Signed) Wm. F. Patton M. D.

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

Mar. 12, 1931 (Address) 423 26 Metropolitan Bldg.

*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.

14. INFORMANT Mrs. L. White (Address) 5907 My Pherson

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cemetery DATE OF BURIAL Mar 14 1931

15. FILED May 2 1931 Mary C. Markley REGISTRAR

20. UNDERTAKER Wagoner and Co ADDRESS 3621 Olive

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.

