

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.

MAY 24 1933

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

63  
Do not use this space.  
14368  
File No. ....  
Registered No. ....  
St. .... Ward)

1. PLACE OF DEATH  
96 County St. Louis Registration District No. 284  
Township St. Ferdinand Primary Registration District No. 6030  
City Floissant (No. Floissant Mo. St. .... Ward)

2. FULL NAME Walter C. White  
(a) Residence, No. Floissant, Mo. St. .... 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophia Sumner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 24, 1861

7. AGE YEARS 71 MONTHS 7 DAYS 27 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ....

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation ....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Walter White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Sophia White  
Floissant, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
Place Cathedral Cem. DATE April 22, 1933

19. UNDERTAKER (ADDRESS) Jos. N. Lebar  
1125 N. Madison St.

20. FILED 38 1933 Edmond Harris Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw him live on ..... 19..... Death is said to have occurred on the date stated above, at 11:30 p. m.

The principal cause of death and related causes of importance were as follows:

Under post mortem -  
Capture of right coronary artery  
about 1 inch from its approximate  
massive hemorrhage in pericardium  
Chor. myositis advanced arterio-  
sclerosis generalized

Other contributory causes of importance:

92B  
94B  
90B  
Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? .....  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....

(Signed) Walter B. Turner M. D.

3718 Jennings St  
St. Louis, Mo. 4/13/33

