

JAN 10 1937

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

Do not use this space.

791

46898

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No.)

Registration District No.
Primary Registration District No. 1003
Central Hospital

File No.
Registered No. 12720
St. Ward)

2. FULL NAME Mary E. White

(a) Residence, No. 5827 Linerva St. 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)
Length of residence in city or town where death occurred 37 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 13, 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 10 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Illinois

13. NAME Thomas Gossage

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

15. MAIDEN NAME Malinda Beam

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgia

17. INFORMANT Edward D. White
(ADDRESS) Wulton Hotel, 31, Louis, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakeview Park DATE 12/23/36

19. UNDERTAKER R. W. McLaughlin
(ADDRESS) 2501 Laravette A.

20. FILED DEC 27 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1934 to Dec 22, 1936

I last saw him alive on Oct 22, 1936. Death is said to have occurred on the date stated above, at 7:45 P.M.

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

Myocardial chronic
93C

Other contributory causes of importance:
Coronary

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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?.....
If so, specify.....
(Signed) Ben Edwards, M. D.
(Address) 4717 Maryland

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.

