MAR 5 - 1937

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

Do not use this space.

File No. 8613
Registered No. 2070

1. PLACE OF DEATH

County
Township
City St. Louis, (No. City Hospital No.1 St. Ward)

Registration District No. 791
Primary Registration District No. 1003

B. 16532

2. FULL NAME John White

(a) Residence, No. 3907 a Page 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	DIVORCED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1866

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
70	5	17	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
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

FATHER

13. NAME Henry White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER

15. MAIDEN NAME Elizabeth Canada
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla Cremat DATE Feb.20.1937

19. UNDERTAKER Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED FEB 19 1937 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 2/16/37, 19 to 2/18/37, 19
I last saw him alive on 2/18/37, 19 Death is said to have occurred on the date stated above, at 5.05 a.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	
93	

Other contributory causes of importance:
Pulmonary tuberculosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No

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) Geo Isenbold, M. D.
(Address) City Hospital No.1

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.