

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.

APR 27 1937

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

Do not use this space.

13572

1. PLACE OF DEATH

County Saint Louis Registration District No. 1123
 Township Carrondelet Primary Registration District No. 6248B
 City Jefferson Barracks (No. Vets. Adm. Bldg.) St. 1 Ward 2

File No. _____

Registered No. 132

2. FULL NAME Addison WHITE

(a) Residence, No. 218 Colorado Street St. _____ Ward. Baton Rouge, Louisiana.
 (Usual place of abode)

Length of residence in city or town where death occurred yrs. Unkn. 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mrs. Marguerite White (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1891

7. AGE YEARS 45 MONTHS 8 DAYS 1 If LESS than 1 day, _____ hrs. or _____ min.

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

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

10. Date deceased last worked at this occupation (month and year) 1926 11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (CITY OR TOWN) Ethel, Louisiana. (STATE OR COUNTRY)

13. NAME Jack White

14. BIRTHPLACE (CITY OR TOWN) Ethel, Louisiana. (STATE OR COUNTRY)

15. MAIDEN NAME Julia (Unknown)

16. BIRTHPLACE (CITY OR TOWN) Ethel, Louisiana (STATE OR COUNTRY)

17. INFORMANT Clinical Clerk M. Schellig (ADDRESS) VAF Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Baton Rouge, La. DATE Mar. 26 1927

19. UNDERTAKER Chas. J. Gates (ADDRESS) 4107 Finney Ave

20. FILED Mar. 25, 1927 J. Murray Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from January 29, 1937 to March 25, 1937

I last saw him alive on March 25, 1937 Death is said to have occurred on the date stated above, at 12:20 P.M.

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

CARCINOMA of Penis Date of onset Unkn.

Other contributory causes of importance: Septicemia Unkn.

Amputation of penis Date of operation 3-25-37
 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) C. W. HUGHES, Chief Medical Officer M. D. (Address) VAF Jefferson Barracks, Mo.

OCCUPATION
 FATHER
 MOTHER

