

REC'D APR 1 1938

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

8765
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. City Hospital No. 1 Registered No. 2354
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 17859 Michael White 300
2211 Lynch St. 23 (If nonresident, give city or town and State)

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 Barbara White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 7, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 85 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Day Laborer
9. Industry or business in which work was done, as saw mill, bank, etc. nil
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) St. Louis, Missouri

13. NAME ?

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) Hosp/ Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL SS. Reterand Paul Cam. DATE Mar. 12, 1938

19. FUNERAL DIRECTOR (ADDRESS) J. H. Belknap & Co.
2630 Gravois Ave.

20. FILED MAR 9 1938 J. F. Bricker
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/8/38 19

22. I HEREBY CERTIFY, That I attended deceased from 3/7/38 3/8/38, 19

I last saw him 3/8/38 11.30 p Death is said to have occurred on the date stated above, at m.

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

Bronchopneumonia
101
Other contributory causes of importance
Generalized arteriosclerosis
Semiblight

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?
If so, specify

(Signed) Charles M. Jessico, M. D.
(Address) City Hospital No. 1

STATEMENT BY LICENSED EMBALMER

I, Herman A. Gebken, Licensed Embalmer No. 2120

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)