

B 151939

REC'D MAR 9 1939

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

7811

Do not use this space.

1. PLACE OF DEATH

- (a) County St. Louis Registration District No. 784
 (b) Township St. Louis Primary Registration District No. 111 Registered No. 266
 (c) City St. Louis (d) Street No. Saint Marys Hospital St. St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Jacob Lowe White

- (a) Residence, No. 12 Yale Ave. University City. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Mary C. White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23, 1850.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
88 9 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Manufacture-
 9. Industry or business in which work was done, as saw mill, bank, etc. explosives
 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) Wisconsin

13. NAME J. L. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

15. MAIDEN NAME Mary A. Potter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Charles C. White
 (ADDRESS) 12 Yale Avenue.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill Cemetery DATE Feb. 17, 1939

19. FUNERAL DIRECTOR (ADDRESS) Chicago, Ill. Craig Mortuary
4468 Washington Blvd.

20. FILED FEB 15 1939 G. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) FEB 14 1939 19

22. I HEREBY CERTIFY, That I attended deceased from May, 1930, to Feb 14, 1939
 I last saw him alive on Jan 7, 1939. Death is said to have occurred on the date stated above, at 7:45 am
 The principal cause of death and related causes of importance were as follows:

Chronic nephritis Date of onset 1 yr

Other contributory causes of importance: 131

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 W.P.S. Bureau, M. D.
 (Address) 607 University Club Bldg

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No. 3281

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

Philip M. Levaig

Licensed Embalmer No. 3281.

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.)