

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

791
1008

17202
Do not use this space.

4736

1. PLACE OF DEATH

(a) County..... 1 Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No.....
 (c) City St. Louis, Mo (d) Street No. Isolation Hospital 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 6 yrs. - mos. - ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME NADINE WHITE

(a) Residence, No. 4403 NEOSH0 St. 15 (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 <u>FEMALE</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>SINGLE</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 3-1922</u>		
7. AGE YEARS <u>16</u>	MONTHS <u>10</u>	DAYS <u>19</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>SCHOOL</u>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNESSEE 1</u>		
13. NAME <u>BERUMIE White 1</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNESSEE 1</u>		
15. MAIDEN NAME <u>CHRISTINE DEMYER</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>TENNESSEE</u>		
17. INFORMANT (ADDRESS) <u>A. LANE 5600 ARSENAL ST.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fulton Kentucky</u> DATE <u>5/25 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>BAUMANN BROS 2504 WOODSON RD OVERLAND</u>		
20. FILED <u>MAY 24 1939</u> <u>Geo. Bredt</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 22 1939

22. I HEREBY CERTIFY, That I attended deceased from FEB. 3 1939, to MAY 22 1939

I last saw her alive on MAY 22 1939. Death is said to have occurred on the date stated above, at 10:45 p.m.

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

Pulmonary tuberculosis
Tuberculosis of intestines

Date of onset

Other contributory causes of importance:

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) Dr. Maxwell M. D.

(Address) 5600 Arsenal St., St. Louis

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Oscar J. Mueller

Licensed Embalmer No. 3039

P. O. Address. 2504 Woodson Pl
Douglas

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.)

If this body is not embalmed, above space should be left blank.