

27 1939

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

23326
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carmel Primary Registration District No. 700 Registered No. 1141
 (c) City Jefferson Barracks (d) Street No. 1st St St.
Union (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. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME David L. White
 (a) Residence, No. 4307 Lurch Avenue St. So. Kinloch Park, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 (OR) WIFE OF Mrs. Pleas White

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 20, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
47 0 3

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electric truck operator
 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) - 11. Total time (years) spent in this occupation -

12. BIRTHPLACE (CITY OR TOWN) Helena,
 (STATE OR COUNTRY) Arkansas.

FATHER
 13. NAME Charles White

14. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Mississippi

MOTHER
 15. MAIDEN NAME Edna Smith

16. BIRTHPLACE (CITY OR TOWN) -
 (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Charles J. Gates, VAF, Jefferson Barracks, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 1, '39

19. FUNERAL DIRECTOR (NAME) Charles J. Gates
 (ADDRESS) 4107-09 Winney Avenue

20. FILED JUN 27 1939 R. Meyer
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1939, to June 23, 1939
 I last saw him alive on June 23, 1939 Death is said to have occurred on the date stated above, at 11:45 PM
 The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic, with pericardial effusion, cause undetermined Unkn.

Date of onset

Other contributory causes of importance: None.

Name of operation None Date of -
 What best count in diagnosis Phys. clinical manif. and lab. 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 Card. Disease
 (Signed) C. W. HUGHES, Chief Med. Off., M. D.
 (Address) VAF Jefferson Bks., Mo.

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

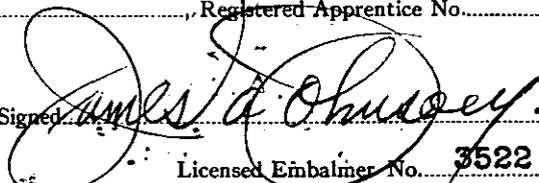
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

James A. Johnson

Registered Apprentice No.....

working under my personal supervision.

Signed.....



Licensed Embalmer No. **3522**

P. O. Address **4107 Finney Avenue**

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.