

Registration District No. 757Primary Registration District No. 3036Registrar's No. H

1. PLACE OF DEATH:

(a) County St. Charles 1
 (b) City or town St. Charles
 (c) Name of hospital or institution: St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 19 days
 (Specify whether
 In this community _____
 years, months or days)

3. (a) PRINT
FULL NAMERAYMOND J. WHITE3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex Male5. Color or
race White6. (a) Single, widowed, married,
divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased September
(Month)12th 1937
(Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

2326

hr. _____ min.

9. Birthplace

St. Louis, MO
(City, town, or county)

(State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name

Robert Jean White 0

18. Birthplace

St. Louis, MO
(City, town, or county)

(State or foreign country)

14. Maiden name

Myrtle Robin

15. Birthplace

St. Louis MO
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

J. M. White

(b) Address

6630 Chest Ave - University City, MO17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof Jan. 10, 1940
(Month) (Day) (Year)

(c) Place: burial or cremation

Mt. Lebanon Cemetery
St. Louis Co., MO

18. (a) Signature of funeral director

Edward M. Buse

(b) Address

St. Charles MO19. (a) 1/9/40
(Date received local registrar)(b) Clarence E. Mueller
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town New Melle, MO
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 8th
year 1940 hour 11.45 minute A.M. M.21. I hereby certify that I attended the deceased from
Held Inquest 19 Jan. 1-1940 19that I last saw him alive on _____ 19
and that death occurred on the date and hour stated above.

Immediate cause of death Compound comminuted
fracture of right frontal temporo
parietal region - Laceration of
right frontal lobe of brain, result of
R.R. Train and automobile collision

Due to Contributory encephalitis and
Other conditions meningitis, not contagious.
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Deceased was passenger in
auto at time of receiving injury
 Of autopsy No.

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident
 (b) Date of occurrence Dec. 20th 1940
 (c) Where did injury occur? near St. Charles, MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
M.K.T. R.R. Crossing and Co. Road
 While at work? no (Specify type of place)
 (e) Means of injury Collision

28. Signature John H. Buse
 Address St. Charles, Mo. Date signed 1/8/40
 (M.D. or other)

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..... *William P. Fane*

Licensed Embalmer No. *3145*

P. O. Address *St Charles*

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.