

FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

9335

Registration District No. _____

791

Primary Registration District No. _____

1003

Registrar's No. _____

2818

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Enroute to Homer Phillips Hosp.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME Jasper White8. (b) If veteran,
name war _____8. (c) Social Security
No. UNKNOWN4. Sex Male5. Color or
race Negro6. (a) Single, widowed, married,
divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased March 1,
(Month) (Day) (Year)1886
(Year)

8. AGE:

Years

Months

Days

If less than one day

54021

hr. _____ min.

9. Birthplace _____
(City, town, or county)Mississippi
(State or foreign country)10. Usual occupation Laborer

11. Industry or business _____

12. Name Dan White13. Birthplace _____
(City, town, or county)Mississippi
(State or foreign country)14. Maiden name Unknown15. Birthplace Unknown
(City, town, or county)9
(State or foreign country)16. (a) Informant Lattie Blanche(b) Address 2135 Papin17. (a) Burial
(Burial, cremation, or removal)(b) Date thereof March 28, 1940
(Month) (Day) (Year)(c) Place: burial or cremation Greenwood Cemetery18. (a) Signature of funeral director Russell Und. Co.(b) Address 2732 Pine Street19. (a) MAR 26 1940
(Date received by registrar)(b) J. F. Budick
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 1909 Papin St. 22
(If rural, give location)
 (e) If foreign born, how long in U.S.A. _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 22
year 1940 hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Ruptured Coarcted Aorta

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place)23. Signature Alfred G. Heron (M. D. or other) _____
Address 2732 Pine Street Date signed 2-26-40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

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 _____

Joel Russell

Licensed Embalmer No. 4112

P. O. Address _____

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.