

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.

MAY 15 1940

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

13269
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo. Registration District No. 791
 (b) Township St. Louis Mo. Primary Registration District No. 1003
 (c) City St. Louis, Mo. (d) Street No. 3910 Fairfax Registered No. 3471
 (e) Length of residence in city or town where death occurred 36-0 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Maemie White.
 (a) Residence, No. 3910 Fairfax, Rear Apt 204. St. 11
 (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 Female	4. COLOR OR RACE Colord	5. SINGLE, MARRIED, WIDOWED, OR SEPARATED (the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow. Unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb, 14, 1853.		
7. AGE	YEARS 87	MONTHS 2mo.
	DAYS 0,	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House Wife.	
	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) (STATE OR COUNTRY) Clarksvill Mo.	
FATHER	13. NAME James Franklin	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina	
MOTHER	15. MAIDEN NAME Melvina Smith.	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentuckey	
17. INFORMANT (ADDRESS) James Harvey Frinklin. Louisiana, Mo.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk. DATE April 17, 1940		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Adams Undertaker. 3849 Windsor Pl.		
20. FILED APR 16 1940		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14 1940

22. I HEREBY CERTIFY, That I attended deceased from
, 19....., to....., 19.....
 I last saw h..... alive on....., 19..... Death is said
 to have occurred on the date stated above, at..... m.
 The principal cause of death and related causes of importance were as follows:
Senile Debility
Arterio Sclerosis
 Date of onset

Other contributory causes of importance:
Arterio Sclerosis

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
 (Signed) **Joseph M. Quinn**, M. D.
 (Address) **Deputy Coroner**

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 _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. 2963

P. O. Address 2915 Hempden

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.