

MAY 15 1940 791

Registration District No. _____

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town ST. Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
ST. Mary's Infirmary
(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

8. (a) PRINT FULL NAME John White 300

8. (b) If veteran, name war _____ 8. (c) Social Security No. 706-18-2075

4. Sex Male 5. Color or race Colored 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Edith White 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years abt. 65 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Sparta Ill
(City, town or village) (State or foreign country)

10. Usual occupation _____

11. Industry or business Nickle Plate Road

MOTHER FATHER
12. Name Henry White
13. Birthplace Sparta Ill.
(City, town or village) (State or foreign country)
14. Maiden name Mizzie Tandy
15. Birthplace Sparta Ill.
(City, town or village) (State or foreign country)

16. (a) Informant 2116 A Cass Ave.
(b) Address _____

17. (a) Burial (b) Date thereof April 23rd 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A. L. Beal Und Co.
(b) Address 2726 Lucas Ave.

19. (a) APR 23 1940 (b) J. B. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town ST. Louis 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2116 a Cass
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4/19/40 day _____ year _____ hour _____ minute 13 P. M.

21. I hereby certify that I attended the deceased from _____ 1940, to _____ 1940
that I last saw him alive on 4/17/40 and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis, chronic
Duration _____
Due to _____
Due to _____

Other conditions hemorrhoids, dilatation & hypertrophy of heart
(Include pregnancy within 3 months of death)
Major findings chronic hypertrophy of prostate
Of operations _____ PHYSICIAN _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____

23. Signature Robert S. Melker (M. D. or other) _____
Address 1536 Papin St Date signed 4/22/40

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

Burdie Best Underwood

Licensed Embalmer No.

2929

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.