

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **4178**

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution Missouri Baptist 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

8. (a) PRINT FULL NAME Lillian White 300

8. (b) If veteran, name war no 8. (c) Social Security No. none

4. Sex Female 5. Color Wh 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John P. White 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 1, 1874  
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 7 If less than one day \_\_\_\_\_  
or \_\_\_\_\_ m.p.

9. Birthplace Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Charles Morgan

13. Birthplace Rome Georgia  
(City, town, or county) (State or foreign country)

14. Maiden name Anastasia Miletich

15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant William J. Morgan

(b) Address 5518 Walbada

17. (a) Burial (b) Date thereof May 11, 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salvary Cem.

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAY 10 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County \_\_\_\_\_  
 (c) City or town St. Louis 6  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5985 1/2 Munier  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8  
 year 1940 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1939, to May 8, 1940  
 that I last saw her alive on May 8, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Gall Bladder Duration 6 mo

Due to Hb

Other conditions Cholelithiasis 6 mo  
(Include pregnancy within 3 months of death)

PHYSICIAN  
 Major findings: Advanced Ca of St.  
 Of operations: \_\_\_\_\_  
 Of autopsy: none  
 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 Chas. F. Stuart M. D. or other \_\_\_\_\_  
 Address 611 Olive, St. Louis, Mo Date signed 5-9-40

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

*Robert E. Hoff*

Licensed Embalmer No. 2971

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.**