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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 357

Registration District No. 791 FEB 25 1941

Primary Registration District No. 1003

Registrar's No. 357

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: 5211a Cates Ave. /
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 1217
(If outside city or town limits, write "RURAL")

(d) Street No. 5211a Cates Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Laura White

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. (Month) 26 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	10	16	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Thomas White
13. Birthplace (City, town, or county) 4 Scotland (State or foreign country)

MOTHER
14. Maiden name Janet Irving
15. Birthplace (City, town, or county) 4 Scotland (State or foreign country)

16. (a) Informant Walter M. White
(b) Address Greenville, Ill.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation Greenville, Ill.

18. (a) Signature of funeral director H. D. Donnell
(b) Address Greenville, Ill. 86164

19. (a) JAN 13 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12th day of Jan.
year 1941 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from May 10, 1940, to Jan. 12, 1941
that I last saw her alive on Jan. 12, 1941
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Lobar Pneumonia Type not determined	2 days
Due to Mitral insufficiency (uncompensated)	
Due to Mucologenous leukemia (chronic)	8 yrs?
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None.

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Walter G. Kirchner M.D. (M. D. or other)
Address 58 N. Grand Blvd. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

No Embalm

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.