

2
3-40
-39
K23159

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1654**

1. PLACE OF DEATH:

(a) County St. Louis Mo.
(b) City or town St. Louis Mo.
(c) Name of hospital or institution: City Hospital #1
(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 Frank B. White

3. (b) If veteran, name war _____ 3. (c) Social Security No. 493-09-1582

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

6. (b) Name of husband or wife Verlie White 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Oct 8 1888
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tool and Die maker

11. Industry or business _____

12. Name William White

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

14. Maiden name Emma Hardin
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Verlie White
(b) Address 5347 Lotus Ave.

17. (a) Burial (b) Date thereof 2-21-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laurel Hill Cemetery

18. (a) Signature of funeral director Fred M. Williams
(b) Address 4535 Washington Blvd.

19. (a) FEB 21 1941 (b) J. W. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis hospital 176
(If outside city or town limits, write "RURAL")
(d) Street No. 5347 Lotus Ave. 9
(If rural, give location)
(e) If foreign born, how long in U. S. Attending Physician

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 19 year 1941 hour 12:30 minute a.M.

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

that I last saw h_____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

Lobar Pneumonia

Due to (Primary)

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations 100

Of autopsy _____

Duration

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? _____

While at work? _____ (Specify type of place)

Means of injury 3

23. Signature Alfred Perry (M. D. or other)

Address Deputy Coroner Date signed 2/21/41

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.....

Ray W. Wilkinson

Licensed Embalmer No.

35-75

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, fact should be so stated above.