DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 22 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37235 9465

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

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.

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: St. Marys Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 hours (Specify whether
In this community (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 1026 Pine
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Charles WHITE
3. (b) If veteran, name war no
3. (c) Social Security No. 490-14-5875
4. Sex Male
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida M. White
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased June (Month) 1 (Day) 1875 (Year)

8. AGE: Years 66 Months 5 Days 23 If less than one day hr. min.

9. Birthplace Bridgeton (City, town, or county) Mo. (State or foreign country)
10. Usual occupation LABORER
11. Industry or business
FATHER 12. Name John White
FATHER 13. Birthplace Bridgeton (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Not Obtainable
MOTHER 15. Birthplace Bridgeton (City, town, or county) Mo. (State or foreign country)
16. (a) Informant's own signature Ida M. White
(b) Address 1026 Pine St. St. Charles Mo
17. (a) Buried (Burial, cremation, or removal) (b) Date thereof 11 30 41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Mo
18. (a) Signature of funeral director Metropolitan
(b) Address 3028 Dickson
19. (a) NOV 29 (Date received local registrar) (b) J. J. Budnik (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24th year 1941 hour 2:45 minute A. M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death 1st & 2nd Degree Burns of head, neck, shoulder, & both hands; suffered in fire caused by — Duration
Due to kerosene heater at his home, 1026 Pine St. St. Charles, Mo., on Nov.
Due to 22nd, 1941, at about 10:00 P.M
HOME COMPLETELY DESTROYED

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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) Accident
(b) Date of occurrence Nov. 22nd, 1941
(c) Where did injury occur? St. Charles, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Home (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 11/26/41

(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1955

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 Myself, Registered Apprentice No. ....., working under my personal supervision.

Signed Glenn E. Anderson

Licensed Embalmer No. 4141

P. O. Address St. Louis Mo

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, above space should be left blank.