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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39359

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2429

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton Township Overland
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Charles 97

(c) City or town St. Charles 6
(If outside city or town limits, write "RURAL")

(d) Street No. Bridge Hotel 2
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country .....

3. (a) PRINT FULL NAME JEWELL T. WHITE

3. (b) If veteran, name war .....

3. (c) Social Security No. 49805-2867

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Stella Randolph

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Jan (Month) 27 (Day) 1878 (Year)

8. AGE: Years 63 Months 10 Days 3 If less than one day ..... hr. ..... min.

9. Birthplace St. Charles County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation — BAR TENDER

11. Industry or business TAVERN

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

MOTHER
14. Maiden name Amanda V. Moore
15. Birthplace (City, town, or county) ENGLAND (State or foreign country) 4

16. (a) Informant Mrs Stella White
(b) Address St Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 2nd 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery St Charles Mo

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co
(b) Address St Charles Mo

19. (a) DEC 1 1941 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1941 hour 1 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 Struck by an auto, while a pedestrian on a public highway.

Due to Fracture of all ribs; Hemothorax; Hemorrhage in the lungs;

Due to Multiple lacerations and rupture of liver & spleen; frac.

Other conditions both tibiae & fibulae.
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes.

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

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22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Nov. 30, 1941 96

(c) Where did injury occur? Charlack & St. Chas. Rd. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? ..... (e) Means of injury 1

23. Signature Louis H Popp Corner (M. D. or other)

Address Kirkwood, Mo. 12/1/41 Date signed .....

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(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.

Signed John M Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, M

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

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