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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 1 1942

Registration District No. 784

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 12138

Primary Registration District No. 200

Registrar's No. 605

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: Robert Koch Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 mos + 11 days (Specify whether
In this community 18 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County [illegible]

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

(d) Street No. 717 N. Whittier
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elvin White

3. (b) If veteran, name war 0

3. (c) Social Security No. yes

4. Sex male

5. Color or race Negro

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

6. (b) Name of husband or wife Eloise White

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased April (Month) 20 (Day) 1913 (Year)

8. AGE: Years 28 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Taxi cab driver

11. Industry or business

FATHER
12. Name Oscar White
13. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

MOTHER
14. Maiden name Sallie Williams
15. Birthplace Nashville (City, town, or county) Tenn (State or foreign country)

16. (a) Informant Hospital Record

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-20-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave. St. Louis.

19. (a) MAR 18 1942 (Date received for registrar) (b) E. S. McGovern M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 15 K
year 1942 hour 8 minute 10 A M.

21. I hereby certify that I attended the deceased from November 4, 1941, to March 15, 1942; that I last saw him alive on March 14, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to —

Due to —

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Tuberculosis of lungs + intestines

Duration Quasi-ensemble

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 Franz U. Steinberg (M. D. or other) M.D.

Address Robert Koch Hosp. Date signed 3.15.42

707

(Licensed Embalmer's Statement on Reverse Side)

MAR 31

## 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.....

Licensed Embalmer No.....

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.**