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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUN 1 1942

Registration District No. 124

Primary Registration District No. 200

Registrar's No. 1155

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Eureka

(c) Name of hospital or institution Central Avenue
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution None
(Specify whether In this community 25 years years, months or days)

3. (a) PRINT FULL NAME Joseph Everett White

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sillie Davis White

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 20, 1869
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>5</u>	hr. min.

9. Birthplace Pomeroy, Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business R.R. Telegraph Operator

MOTHER FATHER

12. Name Johnson White

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

14. Maiden name Unknown Stedman

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

16. (a) Informant Joseph White

(b) Address Eureka, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 28, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Pacific, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) MAY 27 1942 (Date received local registrar) (b) C. J. McLaughlin (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Eureka
(If outside city or town limits, write "RURAL")

(d) Street No. Central Avenue
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25, year 1942 hour 5 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec. 27, 1941, to May 25, 1942, that I last saw him alive on May 4, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction

Due to _____

Due to _____

Other conditions Infernetus only
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations: _____

Of autopsy: _____

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)

(e) Means of injury 1)

23. Signature A. Brock (M. D. or other) _____

Address Eureka Mo. Date signed 5-26-42

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

Thos. Schrader

Licensed Embalmer No.

3066

P. O. Address

Dallwin Mo

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.