20110

. S. No. 2
—11-10-39
v. 5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 29 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5174

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

000
17
9

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer Phillips Hospital X
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 006

(a) State Mo. (b) County 17 21

(c) City or town St. Louis, 9
(If outside city or town limits, write "RURAL")

(d) Street No. 2716 Cole St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Louis White

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race COL

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

6. (b) Name of husband or wife ESTHER WHITE

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased 10 (Month) 21 (Day) 1884 (Year)

8. AGE: Years 57 ~~58~~ Months 7 Days 20 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER
12. Name MOSE WHITE
13. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name HARRIET UNKNOWN
15. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

16. (a) Informant Johnny White
(b) Address 2955 Dayton

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6-16-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director A. F. Walton
(b) Address 2707 Stoddard St.

19. (a) JUN 15 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11, year 1942 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from June 2, 1942, to June 11, 1942; that I last saw him alive on June 11, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Cerebral apoplexy	
Due to	
Due to	
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)
(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 0

23. Signature W. P. Venable (M. D. or other)
Address 2601 N. Whittier Date signed 6/13/42

OTT (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 Arthur P. Hilliard

Licensed Embalmer No. 4221

P. O. Address 2619 Dennis

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, above space should be left blank.