

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 5 days (Specify whether
In this community 19 years
years, months or days)

3. (a) PRINT FULL NAME Mary Hadley White

3. (b) If veteran, name war None 3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife. John White 6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Sept 29 1896
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
45 11 0 hr. min.

9. Birthplace Monroe La. (City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business at home

MOTHER FATHER
12. Name Sonnie Hadley
13. Birthplace Monroe La. (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Annie White

(b) Address 2639 W. Alvar Blvd

17. (a) Burial (b) Date thereof 9/4/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director C. W. Roberts

(b) Address 3035 Luzzo ave

19. (a) SEP 2 (b) J. F. Braddock
(Date received local report) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17
(c) City or town St. Louis, 9 21
(If outside city or town limits, write "RURAL")
(d) Street No. 2712 Locust
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29,
year 1942 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 24, 1942 to August 29, 1942
that I last saw her alive on August 29, 1942;
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertensive Heart Disease with De-
compensation

Duration
unknown

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.....

23. Signature S. E. Smith (M. D. or other) 0
Address 2601 Whetter Date signed 8/31/42

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 *William Claude Gordon*

Licensed Embalmer No. *3489*

P. O. Address *2649 Delmar Pl*

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.