

875
S. No. 2
M-5-42
V. 5-17-39
D-1 X32873

39473

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
Registrar's No. **10912**

FILED JAN - 5 1943 **318**
Registration District No.

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
(a) County.....
(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **7 Days**
(Specify whether
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **000**
(a) State..... **Missouri** (b) County..... **17**
(c) City or town..... **St. Louis** **9 23**
(If outside city or town limits, write "RURAL")
(d) Street No..... **2424a S. 18th St.,**
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... **0**

3. (a) PRINT FULL NAME..... **James White**
3. (b) If veteran, name war..... **None**
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month..... **December** day..... **27**
year..... **1942** hour..... **12:10** minute..... **P.** M.

4. Sex..... **Male** 5. Color or race..... **White** 6. (a) Single, widowed, married, divorced..... **Married**
6. (b) Name of husband or wife..... **Matilda White** 6. (c) Age of husband or wife if alive..... **65** years
7. Birth date of deceased..... **January 27, 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... **December 20,** 19 **42** to..... **December 27,** 19 **42**
that I last saw him alive on..... **December 27,** 19 **42**
and that death occurred on the date and hour stated above.

8. AGE: Years..... **67** Months..... **10** Days..... **0**
If less than one day..... hr..... min.

Immediate cause of death..... **INTRAVENTRICULAR HEMORRHAGE**
Due to..... **HYPERTENSION**
Due to..... **830**
Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **None**

11. Industry or business.....
12. Name..... **Unknown**
13. Birthplace..... **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Mary Bone**
15. Birthplace..... **Missouri**
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....
Of autopsy..... **Intrav. Hemorrhage**
(Intraventricular Hemorrhage)

16. (a) Informant..... **Roland White**
(b) Address..... **2424a S. 18th St.,**
Burial (b) Date thereof..... **12-30-42**
(Burial, cremation, or removal) (Month) (Day) (Year)
St. Matthew

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?.....

18. (a) Signature of funeral director..... **Southern Funeral Home**
6322 S. Grand Blvd.
(b) Address.....
19. (a) **DEC 27 1942** (Date received local registrar)
J. F. Prudek (Registrar's signature)

While at work?..... (Specify type of place)
(r) Means of injury.....
23. Signature..... **J. F. Prudek** (M. D. or other)
Address..... **1515 Lafayette Avenue,** Date..... **12/27/42**

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.....

Virgil L. Berryman

Licensed Embalmer No.....

3/2/18

P. O. Address.....

St. Louis, 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.