V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32373

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8916

FILED MAR 20 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2324

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: City Sanitarium 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mos. 6 ds. (Specify whether
In this community about 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17 21

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

(d) Street No. 2602 Pine St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOHN WHITE

3. (b) If veteran, name war World War #1

3. (c) Social Security No. -

4. Sex Male

5. Color or race 2 Colored

6. (a) Single, widowed, married, divorced 0 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) 1896 (Year)

8. AGE: about Years 47 Months Days If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business unknown

FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) Mississippi 1 (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant City Sanitarium Records
(b) Address 5800 Arsenal

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-10-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Macon, Georgia

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave., St. Louis.

19. (a) MAR 10 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1943 hour 12:15 minute A. M.

21. I hereby certify that I attended the deceased from 8-3-42, 19, to 3-8-43, 19; that I last saw him alive on 3-8-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	(5 mos. x
Due to	
Due to	

Other conditions General Paralysis, Syphilis, Dental Caries (5 Mos.
(Include pregnancy within 3 months of death)

PHYSICIAN X

Major findings:
Of operations
Of autopsy No

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 Stanley S. Nemec (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed 3/9/43

(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

William C. McDowell, Registered Apprentice No.

working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 2114

P. O. Address 1711 N. Taylor Ave.

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.