

JUL 8 1943

Registration District No. **318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **ST LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**River & Angellie St. 3**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **Monarch**  
(Specify whether head Hemer & Phillips)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County \_\_\_\_\_

(c) City or town **ST LOUIS** **WOOD**  
(If outside city or town limits, write "RURAL")

(d) Street No. **2910 MADISON St.** **17**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **9**  
If yes, name country \_\_\_\_\_ **0**

3. (a) PRINT FULL NAME **JENKINS White Jr.**

3. (b) If veteran, \_\_\_\_\_ L name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_ **2**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JUNE** day **22<sup>nd</sup>**  
year **1943** hour **2** minute **30 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex **M** 2 5. Color or race **C.**

6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased **Apr 20 1929**  
(Month) (Day) (Year)

Duration \_\_\_\_\_

Cause of death **Asphyxiation Due to Drowning**  
**when Deceased drowned while swimming in the Mississippi River at the foot of Angellie St. on 6-22-43 about 1:50 PM**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

**14 2 2** hr. \_\_\_\_\_ min.

9. Birthplace **St. Louis MO**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SCHOOL BOY**

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.

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name **JENKINS White Sr.**

13. Birthplace **ABEDREN MISS!**  
(City, town, or county) (State or foreign country)

14. Maiden name **LAMAR OCKBEEER**

15. Birthplace **MCCALLISTER OKLA.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Jenkins White Jr.**

(b) Address **2910 Madison St.**

17. (a) \_\_\_\_\_ (b) Date thereof **6 25 43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington PK**

18. (a) Signature of funeral director **A. E. Puddie Walton**

(b) Address **2707 Stoddard St**

19. (a) **JUN 25 1943** (b) **J. F. Anderson**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident 000**

(b) Date of occurrence **6-22-43**

(c) Where did injury occur? **St Louis MO**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Public Place**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Thomas F. Callaway** (Seal or other)  
Address **Deputy Coroner** Date filed **6-24-43**

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

40  
00  
17  
9

**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 *James L. Spurgeon*.....

Licensed Embalmer No. *3522*.....

P. O. Address.....

**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.**