

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10621

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:
16 So. 22nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 16 So. 22nd St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Georgia Morris White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28th
year 1943 hour 2:45 minute A. M.

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife Harold White

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased March 10 1906
(Month) (Day) (Year)

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.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>8</u>	<u>18</u>	hr. _____ min.

Acute Parenchymatous Nephritis.

Due to Not from Cholesterol

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

Due to 130

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Maid

11. Industry or business Hotel

PHYSICIAN _____

Major findings: _____

Of operations _____

Of autopsy _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Eliza Clayton

15. Birthplace Mississippi
(City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

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

16. (a) Informant Harold White

(b) Address 16 So 22nd St.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Dec. 3 '43
(Month) (Day) (Year)

(c) Place: burial or cremation Marianna, Arkansas

(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 Russell Undt. Co.

(b) Address 2732 Pine Street

19. (a) DEC 3 1943 (b) J. F. Budek
(Date received local health officer) (Registrar's signature)

While at work? _____
(Specify type of place) (Means of injury)

23. Signature Thomas J. Callahan (M. D. or other) _____
Address Deputy Coroner _____

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

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

Joel Russell

Licensed Embalmer No. *4112*

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.