

S. No. 2  
DM-543  
v. 5-17-39  
P 1 X38671

23481  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9584**  
**2310**  
Registrar's No.

FILED MAR 20 1944

Registration District No. **318** Primary Registration District No.

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

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:  
St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 19 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County 1925  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 803 N 6th  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME Albert White  
(b) If veteran, name war None  
(c) Social Security No. None  
4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
(b) Name of husband or wife Unknown  
(c) Age of husband or wife if alive 1883 years  
7. Birth date of deceased 1883  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 5th  
year 1944 hour 2 minute 40 AM  
21. I hereby certify that I attended the deceased from Feb. 16th  
19 44 to March 5th, 19 44  
that I last saw him alive on March 5th, 19 44  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months Days If less than one day  
9. Birthplace Canada (City, town, or county) (State or foreign country)  
10. Usual occupation Labour  
11. Industry or business  
12. Name unknown  
13. Birthplace 9 (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace 9 (City, town, or county) (State or foreign country)  
16. (a) Informant Ruth Joyce  
(b) Address 2331 9th St  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-10-44  
(Month) (Day) (Year)  
(c) Place: burial or cremation balvaux  
18. (a) Signature of funeral director Buller & Kelly  
(b) Address 4386 Lindell Pl  
19. (a) MAR 9 1944 (Date received local registrar) (b) J. T. Bredbeck (Registrar's signature)

Immediate cause of death Pulmonary Tuberculosis  
Due to.....  
Due to.....  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations.....  
Of autopsy Pulmonary Tuberculosis  
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?  
While at work? (Specify type of place) (a) Means of injury.....  
23. Signature Red Madala (M.D. or other) Address 1515 Lafayette Date signed 3/8/44

**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 A. Lemmer

Licensed Embalmer No. 4742

P. O. Address St. Louis

**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.**