

FILED MAR 27 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2591

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(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: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 1 1/2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL") 9220
(d) Street No. 2729 1/2 Chouteau
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Irene White

3. (b) If veteran, name war _____

3. (c) Social Security No. unk

4. Sex Female 5. Color or face negro
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Arthur White
6. (c) Age of husband or wife if alive 27 years
7. Birth date of deceased Feb 15 1920
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16,
year 1944 hour 3 minute 15 A. M.
21. I hereby certify that I attended the deceased from March
13, 1944, to March 16, 1944;
that I last saw her alive on March 16, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized Peritonitis Duration 72 hrs.

Due to Bilateral Salpingo-oophoritis Undet.

No pregnancy -
Not syphilitic

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

Major findings: 139 a PHYSICIAN _____
Of operations _____

Of autopsy _____
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) (e) Means of injury _____

23. Signature W. D. Smiley (M. D. or other) _____
Address 260 W. ... Date signed 3/17/44

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

MOTHER FATHER

11. Industry or business _____
12. Name Will Peder
13. Birthplace Ark 1
(City, town, or county) (State or foreign country)
14. Maiden name Chel. Pruitt
15. Birthplace Ark 1
(City, town, or county) (State or foreign country)
16. (a) Informant Arthur White
(b) Address 2729 1/2 Chouteau Ave
17. (a) Shipping (b) Date thereof 3-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Burma mo.
18. (a) Signature of funeral director Atkins Bros
(b) Address 3644 E. Finney Ave
19. (a) MAR 17 1944 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

100

SEP

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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Firmyth

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.