

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town Richmond Heights
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1614 Bellevue
(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)

3. (a) PRINT FULL NAME Lucia Naoma White

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 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 July 16 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	78	9	24	hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Cyril B. White

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

14. Maiden name Elizabeth Lower

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

16. (a) Informant Dr. O. O. Giberson
 (b) Address Alton, Illinois

17. (a) Removal (b) Date thereof 5-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) MAY 12 1944 (b) E. J. McEwen, M.D.
(Date received local health officer's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
 (d) Street No. 1614 Bellevue
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
 year 1944 hour 6:45 minute A. M.

21. I hereby certify that I attended the deceased from April 9
1944 to May 10, 1944
 that I last saw her alive on May 9, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic arteriosclerosis

Due to myocarditis

Due to _____

Other conditions Smileti's
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____
 Of operations _____
 Of autopsy 9321

Duration

year

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 Charles W. Boyd (M. D. or other health officer)
 Address 1867 Hamilton Date signed 5-12-44

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

APR 30 1945

APR 25 1945

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..... *Albert W. Wagner*

Licensed Embalmer No. *1861*

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.