

FILED JUL 15 1944

Registration District No. 318

Primary Registration District No. 1003

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:  
City Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 12 Hours  
(Specify whether  
 In this community Unknown 0  
years, months or days)

3. (a) PRINT FULL NAME PHOEBE WHITE

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Charles 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Sept. 22, 1890  
(Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 12  
If less than one day hr. min.

9. Birthplace Sullivan, Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER

12. Name Albert Simmons  
 13. Birthplace Sullivan, Missouri 0  
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Blanton  
 15. Birthplace Sullivan, Missouri 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles White  
 (b) Address 1121 Frey Ave.

17. (a) Ship (b) Date thereof 7/6/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stanton, Mo.

18. (a) Signature of funeral director A. W. McLaughlin  
 (b) Address 2301 Lafayette Ave

19. (a) J. F. Busch (b) 7-5-44  
(Date received local registrar) (Registrar's signature)

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. 1121 Frey Ave.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No) 0  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4th  
 year 1944 hour 12 minute noon 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.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Broncho Pneumonia  
History of Diabetes  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions 61  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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)  
 (e) Means of injury 3

23. Signature Thomas F. Callahan (M. D. or other) \_\_\_\_\_  
 Address Deputy Coroner Date signed 7-5-44

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

*L. R. Cooper*

Licensed Embalmer No.

*3633*

P. O. Address

*2317 Lafayette*

**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.**