

FILED AUG 14 1944

1003

6823

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Ballard ⁹⁹⁷

(c) City or town Barlow ^{NR}
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME Lura White

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1944 hour 7:20 minute _____ P. _____ M. _____

21. I hereby certify that I attended the deceased from July 1944 to Aug 21 1944
that I last saw her alive on Aug 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death _____
General carcinomatosis
Primary site unknown

Duration _____

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased: July 23 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 9
If less than one day _____ hr. _____ min.

9. Birthplace Graves County Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name John H. Meyers

13. Birthplace Graves County Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Betty Eaker

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

16. (a) Informant Mrs. W.H. White

(b) Address 5243 Delmar

17. (a) Removal (b) Date thereof 8-3-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barlow, Kentucky

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

(b) Address 4700 Washington Blvd.

19. (a) AUG 4 1944 (b) J.F. Budeck
(Date received local registrar) (Registrar's signature)

Other conditions: _____
(Includes pregnancy within 3 months of death) 55

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

23. Signature Dr. Paul Hoyle (M. D. or other) _____
Address _____ Date signed 8-4-44

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 John Agoroshi
Licensed Embalmer No. 3288
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.