

FILED DEC 31 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36542

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10163

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:
St. Lukes Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution $\frac{1}{2}$ hr.
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Albert E. White.

3. (b) If veteran, name war None. 3. (c) Social Security No. 489-01-4524

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married.
 6. (b) Name of husband or wife Elise Conway. 6. (c) Age of husband or wife if alive about 60. years
 7. Birth date of deceased August 5, 1882.
 (Month) (Day) (Year)

8. AGE: -	Years	Months	Days	If less than one day
	<u>62.</u>	<u>3.</u>	<u>22</u>	hr. _____ min. _____

9. Birthplace Minchinhampton, England.
 (City, town, or county) (State or foreign country)

10. Usual occupation Vice Pres. & Treas.,

11. Industry or business Lesser Cotton Co.,

12. Name James Charles White.

13. Birthplace Unknown, England.
 (City, town, or county) (State or foreign country)

14. Maiden name Eliza Taylor.

15. Birthplace Gloucestershire, England.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. E. White.

(b) Address 325 Westgate Avenue.

17. (a) Removal (b) Date thereof 11/29/44
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd

19. (a) NOV 29 1944 (b) J. J. Bredenk
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
 (c) City or town University City
 (If outside city or town limits, write "RURAL")
 (d) Street No. # 325 West Gate
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 27th
 year 1944 hour 11 minute 50 A.M.

21. I hereby certify that I attended the deceased from December 7, 1933 to November 27, 1944
 that I last saw him alive on Nov. 27, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration 2 hrs

Due to Hypertensive heart disease 7 yrs

Due to Generalized arterio sclerosis and glomerular nephritis 7 yrs

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

Major findings: Of operations 1/2/1 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) (c) Means of injury _____

23. Signature H. J. Newman (M. D. or other) MD
 Address 3720 Washington Date signed 11/27/44

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

17
9

96
3
NR 5

*3770 Mackinac
95-45-15-
Kno - 1765 P.M.*

10163

10163

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 *Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City, Mo.*

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.