

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

FILED JAN 16 1945

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **94**

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
In this community 28 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sylvester White
3. (b) If veteran, name war _____
3. (c) Social Security No. 101-01-4501

4. Sex Male Color Negro
5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Eloise White
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased: December 23 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 0 Days 10
If less than one day _____ hr. _____ min.

9. Birthplace Friars Point, Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Chef

11. Industry or business Missouri Pacific R.R.

MOTHER FATHER {
12. Name James W. White
13. Birthplace Louisiana
14. Maiden name Hattie Williams
15. Birthplace Stovall, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Eloise White
(b) Address 611 N. Jefferson

17. (a) Removal (b) Date thereof 1-5-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Ark.

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Fannin

19. (a) JAN 5 1945 (b) J. F. Bredbeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mo.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 611 N. Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1945 hour 7 minute 50A M.
21. I hereby certify that I attended the deceased from Dec
_____, 1944, to Jan, 1945
that I last saw him alive on Jan 3, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinoma
Duration _____

Due to Carcinoma of stomach
Due to _____

Other conditions No
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of stomach
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?

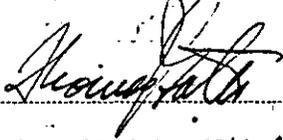
While at work? _____ (Specify type of place)
Means of injury _____

23. Signature J. F. Bredbeck (M. D. or other) MD
Address Mo Pac & Hosp Date signed 1-5-45

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.....

.....**Thomas J. Gates**....., Registered Apprentice No. **4259**
working under my personal supervision.

Signed.....

Licensed Embalmer No. **4259**

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.