

FILED MAY 21 1945

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **4127**

1. PLACE OF DEATH:

(a) County St. Louis Mo.

(b) City or town _____ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3039 a Franklin Ave
(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 20 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town _____ (If outside city or town limits, write "RURAL")

(d) Street No. 3039 a Franklin Ave. (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edgar J. White.

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

4. Sex Male 5. Color or race Col. 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 Jan. 3rd, 1903
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 3 If less than one day hr. _____ min. _____

9. Birthplace St. Louis (City, town, or county) (State or foreign country) Mo.

10. Usual occupation Laborer

11. Industry or business _____

12. Name John White

13. Birthplace St. Genevieve (City, town, or county) (State or foreign country) Mo.

14. Maiden name Mary Daugherty

15. Birthplace St. Louis Mo. (City, town, or county) (State or foreign country) Mo.

16. (a) Informant Mary Miller
(b) Address 3039 a Franklin Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-10-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Ellis Fun, Home
(b) Address 2820 Stoddard St

19. (a) MAY 9 1945 (Date received local registrar) (b) J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 6 year 1945 hour 1 minute _____ A. M.

21. I hereby certify that I attended the deceased from Apr 6 - _____ 1945 to May 6 1945

that I last saw him alive on May 5 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic Heart disease

Due to Rheumatic fever

Due to _____

Other conditions (Include pregnancy within 3 months of death) 95

Major findings: Of operations _____

Of autopsy _____

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 J. F. Moor (M. D. or other) _____
Address 209 N. Jefferson Date signed 5/16/45

Duration

1 month

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

60
17
9

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 *Gulston E. Culkin*

Licensed Embalmer No. 4198

P. O. Address 1215 J. Street, St. Louis

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.