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0M—2-43
ev. 5-17-39
I ,X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 25133

FILED JUL 30 1945

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1731

1. PLACE OF DEATH:

(a) County St. Louis County, Mo

(b) City or town St Normandy [illegible], Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6423a Pasadena Blvd.
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town St. Normandy County, Mo (Same 9
(If outside city or town limits, write "RURAL")

(d) Street No. 6423a Pasadena Blvd. 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME JOHN THOMAS WHITE

3. (b) If veteran, name war ------

3. (c) Social Security No. 492-22-6213

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife NellieWhite(Walsh)

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

7. Birth date of deceased Sept. 21st 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
71	9	14	hr. min.

9. Birthplace Dresden, Tenn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business .....

FATHER
12. Name John D. White
13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name UNKNOWN
15. Birthplace UNKNOWN 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Nellie White- Wife
(b) Address 6423a Pasadena Blvd. St.Louis

17. (a) burial (b) Date thereof 7-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Int.Memorial Park Cem

18. (a) Signature of funeral director Sullivan Brothers,
(b) Address 2849 North Euclid Avenue,

19. (a) 7-18-1945 (b) E. G. McGarrahy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 5th
year 1945 hour 9 minute 45 P M.

21. I hereby certify that I attended the deceased from July 2 1945 to July 5 1945
that I last saw him alive on July 5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach & Metastasis

Due to .....

Due to .....

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

Major findings:
Of operations .....

Of autopsy .....

Duration

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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature [signature] (M. D. or other) M.D.

Address 5899 DeLuise Date signed 7/6/45

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(Licensed Embalmer's Statement on Reverse Side)

Dr. L. Hayden
5899 Delmar Blvd.

JAN 28 1949

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 Robert L Brinkman

Licensed Embalmer No. #3553

P. O. Address St Louis 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.