V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32503

FILED NOV 2 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9234

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

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 4558 Cottage Ave (If rural, give location) 9

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Samuel White

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown

4. Sex Male 2

5. Color or race C

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

6. (b) Name of husband or wife None

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

7. Birth date of deceased 1893. (Month) Unknown (Day) (Year)

8. AGE: Years abt-51 Months — Days — If less than one day hr. — min.

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

10. Usual occupation Laborer

11. Industry or business Unknown

MOTHER FATHER

12. Name Andrew White

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

14. Maiden name Ellen White

15. Birthplace Cape Girardeau (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Charles S White

(b) Address 2708 Chateau Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 26 1945 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem St. Louis, Mo.

18. (a) Signature of funeral director W Sommer

(b) Address 1721 Coleman St

19. (a) OCT 25 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1945 hour 8 minute 55 P M.

21. I hereby certify that I attended the deceased from 10-6, 1945, to 10-22, 1945; that I last saw him alive on 10-22, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease with Aortic Regurgitation	Unk
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature B. H. Phillips (M. D. or other)

Address 7601 N. Whittier Date signed 10/24/45

(Licensed Embalmer's Statement on Reverse Side)

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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Wm Smith

Licensed Embalmer No. 4371

P. O. Address 1721 Coleman St

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.