DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1946

State File No. 39927

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11431

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: Enroute Homer Phillips 3 (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 Mo. (b) County 7

(c) City or town St. Louis 9 (If outside city or town limits, write "RURAL")

(d) Street No. 3438 Lawton 21 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles S.W. White

3. (b) If veteran, name war no

3. (c) Social Security No. —

4. Sex M 2

5. Color or race Col

6. (a) Single, widowed, married, divorced 4

6. (b) Name of husband or wife —

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years about 80 | Months | Days | If less than one day hr. min.

9. Birthplace Columbia (City, town, or county) Ky 1 (State or foreign country)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) Ky 1 (State or foreign country)

MOTHER
14. Maiden name Lizzie Corner
15. Birthplace unk. (City, town, or county) Ky 1 (State or foreign country)

16. (a) Informant Ernest Charles White

(b) Address 3438 Lawton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director H. L. Beal

(b) Address 2726 Lucas

19. (a) DEC 27 1945 (Date received local registrar) (b) J. F. Brederick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27-45 year 1945 hour 7 minute 00 A.M.

21. I hereby certify that I attended the deceased from Nov 1944, to Dec 22, 1945 that I last saw him alive on Dec 21, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Heart Disease	2 yr
Due to Chronic Nephritis	1 yr
Due to	
Other conditions (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 Samuel Stafford (M. D. or other)

Address 925 N. Jefferson Date signed 12/26/45

(Licensed Embalmer's Statement on Reverse Side)

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

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. A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.