

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 31 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19045**
4623
Registrar's No. _____

Registration District No. _____

Primary Registration District No. **1003**

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:
2702 STODDARD ST
(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)

3. (a) PRINT FULL NAME LIZZIE WHITE

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

4. Sex F 3 Color or race C
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Harold White 6. (c) Age of husband or wife if alive 65 years
7. Birth date of deceased Feb 4 1885
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 14
If less than one day hr. min.

9. Birthplace St. Louis Mo. 11
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Joseph Gandy
13. Birthplace St. Louis Mo. 11
(City, town, or county) (State or foreign country)
14. Maiden name Josephine May
15. Birthplace St. Louis Mo. 11
(City, town, or county) (State or foreign country)

16. (a) Informant Blairie Scott
(b) Address 2729 Mill St

17. (a) Burial (b) Date thereof 5-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cemetery

18. (a) Signature of funeral director W. F. Walton
(b) Address 2707 Stoddard St

19. (a) MAY 23 1946 J. F. Redick
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County St. Louis
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2702 Stoddard St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18 year 1946 hour 11 minute A.M.
I hereby certify that I attended the deceased from May 18 to May 18
that I last saw him/her alive on May 18 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Duration _____

Due to _____
Due to _____

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

Major findings: Of operations 92
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)
(e) Means of injury _____
23. Signature W. F. Walton M. D. or other _____
Address 2707 Stoddard St Date signed May 23 1946

(Licensed Embalmer's Statement on Reverse Side)

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

17923

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 Arthur L. Hilliard

Licensed Embalmer No. 4221

P. O. Address 1154 Bayard a

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.