

No. 2  
5-43  
5-17-39  
X 38671

**FILED** Jul 22 1946  
318

Registration District No. 318

Primary Registration District No. 1003

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

61177

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:  
3500a Bell Avenue  
(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 \_\_\_\_\_

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

(d) Street No. 3500a Bell Avenue  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Etta White

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8  
year 46 hour 1 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 6-28-46  
\_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h. & v. alive on 7-8, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Henry White

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

7. Birth date of deceased: April 17, 1867  
(Month) (Day) (Year)

Immediate cause of death myocarditis Duration \_\_\_\_\_

Due to Impurity of age.

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.

8. AGE: Years Months Days If less than one day

79	2	21	
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\_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

11. Industry or business none

12. Name Andrew Maxwell

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

14. Maiden name Charity ?

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

16. (a) Informant Mrs. Irene Groves

(b) Address 1827a Garrison, North

17. (a) Burial (b) Date thereof 7-12-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director E. B. Rooney

(b) Address 1221 N. Grand Blvd.

19. (a) JUL 11 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

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 Oral S. McClellan (M. D. or other) \_\_\_\_\_  
Address 4200a Easton Ave. Date signed 7-9-46

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**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 *Heodore J. Yander*

Licensed Embalmer No. *4243*

P. O. Address *957 N. Elm  
Westboro, Mass*

**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.**

State File No. Aug  
Registrar's No. 61150

Registration District No. 318

Primary Registration District No. 1003

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:  
(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 Etta White  
3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex F 5. Color or race B 6. (a) Single, Widow, married, divorced

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

7. Birth date of deceased April 17 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 2 (Less than one day) hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....  
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation.....

18. (a) Signature of funeral director J. F. Brudeck  
(b) Address.....

19. (a) (Date received local registrar) (b) AUG 5 1946 (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug year 1946 minute..... M.

21. I hereby certify that I attended the deceased from..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

Duration

Due to.....  
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?.....

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

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

SUPPLEMENTARY

MOTHER FATHER

25856