S. No. 2
0M—2-43
v. 5-17-39
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

31488

State File No.

FILED OCT 7 1946

Registration District No. 6076 Primary Registration District No.

Registrar's No. 2005

1. PLACE OF DEATH: (a) County: Koch ST. LOUIS
(b) City or town: Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Robt Koch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4½ days (Specify whether
In this community 3½ years 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. 2317 Pope St (Rear)
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: BARBARA White

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Fem 3

5. Color or race: Col

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: — (Month) 18 (Day) 1927 (Year)

8. AGE: Years 19 Months 8 Days 8 If less than one day hr. min.

9. Birthplace: Memphis (City, town, or county) TENN (State or foreign country)

10. Usual occupation: Busgirl

11. Industry or business:

MOTHER FATHER

12. Name: ASA White

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

14. Maiden name: HATTIE PARHAM

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

16. (a) Informant: Patients History
(b) Address: Koch Hospital

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 9-28-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Memphis TENN.

18. (a) Signature of funeral director: Ellis Funeral Home
(b) Address: 2820 Stoddard St

19. (a) 9-28-46 (Date received local registrar) (b) [illegible] MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 26 year 1946 hour 12 minute 05 A.M.

21. I hereby certify that I attended the deceased from 8-7 1945 to 9-26 1946 that I last saw he alive on 9-26 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	2½ years
Due to:	
Due to:	
Other conditions: Chr. Enteritis (Include pregnancy within 3 months of death)	12 mos

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: 0

23. Signature: John T. Coplin (M. D. or other)
Address: Robt Koch Hosp Koch, Mo Date signed 9/26/46

(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 L. Boyk

....., Registered Apprentice No. M,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 294

P. O. Address St Louis M

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.