

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED SEP 24 1946**  
318

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

32337  
State File No. \_\_\_\_\_  
Registrar's No. **7908**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County **St. Louis, Missouri**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **City Infirmary**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1 Yr 11 Mo 6 Days**  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **NOBLE WHITE**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Widower**

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

7. Birth date of deceased **May 29 1868**  
(Month) (Day) (Year)

8. AGE: Years **78** Months **3** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Cuba, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name **John White**  
13. Birthplace **Pennsylvania**  
14. Maiden name **Sarah Sweetin**  
15. Birthplace **Missouri**

16. (a) Informant **City Infirmary Records**  
(b) Address **5800 Arsenal St.**

17. (a) **Burial** (b) Date thereof **9-13-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cemetery**

18. (a) Signature of funeral director **Cullinane Bros.**  
(b) Address **3320 N. Kingshighway Blvd.**

19. (a) **SEP 13 1946** (b) **J. Phedesh**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **ood**  
(c) City or town **St. Louis**  
(d) Street No. **5800 Arsenal St.**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **11**  
year **1946** hour **7:00 P.M.** minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from **July 2,**  
**1945,** to **September 11, 1946**  
that I last saw him alive on **September 11, 1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Recurrent Cerebral vascular accident 9-5 and 9-11 1946**

Due to **Intertrochanteric fracture (left) old.**

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 **Palmer P. Bowditch** (M. D. or other) \_\_\_\_\_  
Address **5800 Arsenal St.** Date signed **9-12-46**

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.....  
*Fred Frick*

**Not Embalmed**

Licensed Embalmer No.....3186.....

P. O. Address.....**St. Louis, Mo.**.....

**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.**