

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1947
318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 3272
Registrar's No. 505

Registration District No. Primary Registration District No.

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:
202 N 12th Str.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community _____ years, months or days (Specify whether)

3. (a) PRINT FULL NAME Frank 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 S
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 23 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 9 22 hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation St M. A. M

11. Industry or business
12. Name Unknown
13. Birthplace St. Louis (City, town, or county) (State or foreign country)
14. Maiden name W
15. Birthplace St. Louis (City, town, or county) (State or foreign country)

16. (a) Informant Harry Bonefeld
(b) Address 307 1/2 Pine str.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Central Und. Co
(b) Address 1841 Cass Ave

19. (a) JAN 16 1947 (Date received local registrar) (b) [Signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St Louis (If outside city or town limits, write "RURAL") 2517
(d) Street No. 202 N 12th Str. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 15 year 1947 hour 7 minute 13 M.
21. I hereby certify that I attended the deceased from _____, 19____, 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 Coronary Thrombosis
Due to 94
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 3
23. Signature Dr. Alfred J. Kerry (M. D. or other) 3
Address Deputy Coroner Date signed 1-16-47

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.....

Mat Embalm
J. Allen Davis Jr

Licensed Embalmer No. *4052*

P. O. Address *St Louis*

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.