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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15787**

FILED **MAY 9 1947 318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1008** Registrar's No. **1247**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **ST. LOUIS Mo**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **LUTHERAN HOSPITAL**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **10 DAYS**  
(Specify whether years, months or days)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **ST. LOUIS**

(c) City or town **3403 WINNEBAGO**  
(If outside city or town limits, write "RURAL")

(d) Street No. **ST. LOUIS Mo**  
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **LISSA WHITE**

(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. **NONE**

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **WIDOWED**

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

7. Birth date of deceased **APR 1 1947**  
(Month) (Day) (Year)

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

**73 0 21** hr. min.

9. Birthplace **MOBILE ALABAMA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **NIL**

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

MOTHER FATHER { 12. Name **THOMAS PORTER ASHE**

13. Birthplace **BIRMINGHAM, ALA**  
(City, town, or county) (State or foreign country)

14. Maiden name **LONNIE WOODYARD**

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

16. (a) Informant **MR. HARRY WHITE**

(b) Address **3403 WINNEBAGO ST. LOUIS Mo**

17. (a) **BURIAL** (b) Date thereof **APR 25 1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. HOPE CEM. ST. LOUIS Mo**

18. (a) Signature of funeral director **HELLISTAG FUNERAL HOME**

(b) Address **KIMMERSWICK Mo**

19. (a) **APR 25 1947** (Date received local registrar)

**J. F. Bredeck** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **22** year **1947** hour **2:51** minute **P** M.

21. I hereby certify that I attended the deceased from **APR 22 1947** to **APR 22 1947** that I last saw her alive on **APR 22 1947** and that death occurred on the date and hour stated above.

Immediate cause of death: **Obstructive Jaundice + Intestinal Obstruction; Myocardial Damage**

Due to **Carcinoma of Pancreas**

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

Other conditions: **H/O**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: **Same as above**

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 \_\_\_\_\_

Signature: **O.C. Hauer - Miss Hauer** (M. D. or other) **5/15**

Address: **3651 Grand Square** Date signed: **4/24/47**

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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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..... *Arthur W. Hilgert* .....  
Licensed Embalmer No. *3874* .....  
P. O. Address.....

**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.**