

No. 2
-12.45
-17.39
-18.70
-19.70

FILED JUL 7 1947

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **2063**

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1916 A RUTGERST. /
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 000
 (c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")
 (d) Street No. 1916 A RUTGER ST. 9
(If rural, give location)
 (e) Citizen or foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MARY T. WHITE.
 3. (b) If veteran, name war _____
 3. (c) Social Security No. _____
 4. Sex FEMALE
 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced, WIDOW
 6. (b) Name of husband or wife GEORGE WHITE
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased AUGUST 25 1880
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month JUNE day 22
 year 1947 hour 12 minute 21 P.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.

8. AGE:
 Years 66 Months 9 Days 28
 If less than one day hr. _____ min. _____

Immediate cause of death
Coronary Thrombosis
94a
 Due to _____
 Due to _____
 Other conditions. (Include pregnancy within 3 months of death) _____

9. Birthplace St. Louis MO
(City, town, or county) (State or foreign country)
 10. Usual occupation HOUSEKEEPER
 11. Industry or business OWN
 12. Name JOHN P. STEPHENS.
 13. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)
 14. Maiden name KATHERINE SMITH
 15. Birthplace IRELAND 4
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Lewis Stephens
 (b) Address 4260 Arsenal St.
 17. (a) BURIAL (b) Date thereof JUNE 25-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation CALVARY Cemetery
 18. (a) Signature of funeral director E. J. Schurr
 (b) Address 3125 Lafayette Ave.
 19. (a) JUN 24 1947 (b) J. F. Brueck
(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 W. Alfred Perry (M. D. or other) 3
300 Clark Date signed 6/24/47

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.....

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave.*

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.

Registration District No. *318*

Primary Registration District No. *1003*

Registrar's No. *6063*

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

Mary J. White

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

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

4. Sex *F* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *wid*

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

7. Birth date of deceased..... *Aug 25 1902*
(Month) (Day) (Year)

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

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

10. Usual occupation:

11. Industry or business:

MOTHER FATHER

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.....

(b) Address.....

19. (a) (Date received local registrar) (b) *J. F. Branch* (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 *July* 2
year *1947* noon minute M.

21. I hereby certify that I attended the deceased from..... to....., 19.....; that I last saw him 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

JUL 27 1947

22759

for 2780