V. S. No. 2
100M—5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26201

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6708

BANG BLACK INK—MAKE A PERMANENT RECORD

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: Enroute to City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 28 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 22 1040 Hickory Street 9
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME OSCAR ROY WHITE

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-01-1773

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Willa Mae Hogue

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

7. Birth date of deceased March 25, 1891
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
56	3	19	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Furniture Mfg.

MOTHER FATHER

12. Name Charles White

13. Birthplace ? Illinois
(City, town, or county) (State or foreign country)

14. Maiden name ? MacMillion

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

16. (a) Informant Silas P. White

(b) Address 1014a Frey Avenue

17. (a) burial (b) Date thereof 7-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

(a) JUL 17 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1947 hour 6:00 minute P M.

21. I hereby certify that I attended the deceased from Aug-1945, 19 to July 14, 1947
that I last saw him alive on May 15-1947, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis	1 day
Due to Cardio-nephritis	4 yrs.
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?
(Specify type of place)

While at work? (e) Means of injury —

23. Signature E. E. Tenaini (M. D. or other) M.D.

Address 2901 Big Bend Bl. Date signed 7/16/47

(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.....

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

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3880

P. O. Address 2301 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.