No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29658

Primary Registration District No. 1003

Registrar's No. 7520

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 Missouri Baptist Hospital O
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 5119 Cates Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Barrett White

3. (b) If veteran, name war No

3. (c) Social Security No. 497-07-4463

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Alice White

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased August (Month) 23 (Day) 1882 (Year)

8. AGE: Years 64 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Salesman

FATHER
12. Name James G. White
13. Birthplace Barren Co. (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Zarilda Harlowe
15. Birthplace Hardyville (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Edw. Barrett White Jr.
(b) Address 7551 Byron Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) AUG 8 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8 year 1947 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from 2 August 1947 to 8th August 1947 that I last saw him alive on 7th August 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage and thrombosis	6 days
Due to Arteriosclerosis of cerebral arteries; severe	4 years 4 months
Due to	
Other conditions (Include pregnancy within 3 months of death) Parkinson's Disease	
Heat exhaustion (temp. 109 on admission)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 Joseph Edwards (M. D. or other)
Address 3700 Washington Blvd. Date signed 8 Aug. 1947

Jefferson City Printing Co.

(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. Geo W Wilkinson

Licensed Embalmer No. 3575

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.