

FILED NOV 7 1947

318

1003

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
3309a No. 11th Street  
(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. 3309a No. 11th Street  
26 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT

FULL NAME Lula Nancy White

3. (b) If veteran, name was No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28  
year 1947 hour 7 minute 00 P. M.

21. I hereby certify that I attended the deceased from March, 1945  
to October 28, 1947  
that I last saw her alive on October 28, 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

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

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

7. Birth date of deceased: September 15, 1873  
(Month) (Day) (Year)

Immediate cause of death.....  
Uremia

Duration 1 day

8. AGE: Years 74 Months 1 Days 13 If less than one day 19 hr. 00 min.

Due to Chronic interstitial nephritis 3 yrs

Due to Chronic myocarditis & hyperkalemia 3 yrs

Other conditions.....

9. Birthplace: Johnson County, Arkansas  
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

Major findings: 1/31

Of operations.....

Of autopsy.....

PHYSICIAN  
Underline the cause of which death should be charged statistically.

11. Industry or business.....

12. Name: John T. Hines

13. Birthplace: United States  
(City, town, or county) (State or foreign country)

14. Maiden name: Elizabeth Short

15. Birthplace: United States  
(City, town, or county) (State or foreign country)

16. (a) Informant: John Holt

(b) Address: 1122a Pleasant Street, St. Louis

17. (a) burial (b) Date thereof: 10/31/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Lake Charles Cemetery

18. (a) Signature of funeral director: Robert J. Ambruster

(b) Address: 6633 Clayton Road, St. Louis 17,

19. (a) 401 301947 (b) J. F. Bredack  
(Date received local registrar's certificate) (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?.....  
(Specify type of place)

While at work?..... (e) Means of injury.....

Mo. 23. Signature: J. C. Creane (M. D. OR N.D.)  
Address: 2560 No. 11th Street Date signed: 10-29-47

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

MOTHER FATHER

---

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.