No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 14 1947

Registration District No. 3/7

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 36722

Registrar's No. 2289

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Luxemburg
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 973I South Broadway
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Luxemburg
(If outside city or town limits, write "RURAL")

(d) Street No. 973I South Broadway
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME CHARLES ARTHUR WHITE

3. (b) If veteran, name war W.W.#I

3. (c) Social Security No. 498-03-8187

4. Sex Male

5. Color or race White

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

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

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

7. Birth date of deceased October (Month) I4, (Day) I898 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	0	22	..... hr. ..... min.

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

10. Usual occupation Operator

11. Industry or business National Lead Company

FATHER
12. Name James M. White
13. Birthplace Odessa, (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Nettie Lee Kelly
15. Birthplace Odessa, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. C. A. White (Wife)

(b) Address 973I South Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof II/I0/47 (Month) (Day) (Year)

(c) Place: burial or cremation National Cem. J.B. Mo.

18. (a) Signature of funeral director C. HOFFMEISTER U.&L. CO.

(b) Address 78I4 South Broadway

19. (a) 11-8-47 (Date received local registrar) (b) Cecilia J. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th year I947 hour 4 minute I0 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.

	Duration
Immediate cause of death	
Cause unknown	
Due to	
Due to 205	
Other conditions (Include pregnancy within 3 months of death)	
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 [signature] (M. D. ~~XXXXX~~)

Address Commissioner of Health Date signed 11-8-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1947

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 Harry J Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.