

No. 3906
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 11 1948
318
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003
Primary Registration District No.

41935
State File No.
Registrar's No. 11378

WRITE PLAINLY—USE UNFADING 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 Carondelet Home Phillips
(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

3. (a) PRINT FULL NAME Dora White
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race coe 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 5th 1876
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 22 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housework

11. Industry or business
12. Name John Scott
13. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Green
15. Birthplace Louisville Ky
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Lee Churchill
(b) Address 1212a Missouri Ave

17. (a) Burial (b) Date thereof 12-31-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director J. H. Handle & Son
(b) Address 3133 Bell Ave

19. (a) DEC 30 1948 (b) J. B. Koster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No. 1212a Missouri Ave (If rural, give location) 22
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 27th
year 1948 hour 1:05 minute P. M.
21. I hereby certify that I attended the deceased from _____, 19____, 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 Coronary Thrombosis
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) _____
Means of injury 2
23. Signature W. B. Perry (M. D. or other) _____
Address _____ Date signed 12/28/48

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

J. J. Stinson

Licensed Embalmer No.

269 A

P. O. Address

2769 Chontear

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.