

FILED DEC 23 1948 **318**

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County..... **St. Louis, Mo.**

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

(c) Name of hospital or institution:  
**St. Louis City Hospital—Max C. Starkloff**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 DAYS**  
(Specify whether \_\_\_\_\_)

In this community.....  
years, months or days)

**3. (a) PRINT FULL NAME** **NELLIE WHITE**

3. (b) If veteran, name war..... 3. (c) Social Security No. \_\_\_\_\_

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **THOMAS** 6. (c) Age of husband or wife if alive **80** years

7. Birth date of deceased **NOV 15 1878**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **25** If less than one day  
hr. \_\_\_\_\_ min. **9**

9. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WORK**

11. Industry or business **AT HOME**

12. Name **MARTIN DANFORTH**

13. Birthplace **IRELAND**  
(City, town, or county) (State or foreign country)

14. Maiden name **UNKNOWN**

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

16. (a) Informant **Thomas White**

(b) Address **1510 S. 39th**

17. (a) **Burial** (b) Date thereof **Dec 14-1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill Cem**

18. (a) Signature of funeral director **Wm J. Robert**

(b) Address **1905 So. Grand Blvd**

19. (a) **DEC 13 1948** (b) **J. B. Pantas**  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **000**

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

(d) Street No. **1510 S. 39th**  
**Memorial** (If rural, give location)

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Dec.** day **10th**  
year **1948** hour **9** minute **55 P** M.

21. I hereby certify that I attended the deceased from **12/8/48**  
to **Dec. 10th 19 48**  
that I last saw her alive on **Dec. 10th 19 48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerosis**  
**heart disease -**  
**acute Pericarditis - multil**  
Due to **Pulmonary infarction**

Due to **93**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy **as above**

**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) (e) Means of injury \_\_\_\_\_

23. Signature **Joseph J. [unclear]** (a) (b) (c) (d) (e)  
Address **1515 Lafayette** Date signed **12/11/48**

*Embalmer Report Card*

**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.....

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.**