

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

7050

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6070 Registrar's No. 349

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Wellston</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis Wellston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1334 Woodruff</u>		d. STREET ADDRESS (If rural, give location) <u>1334 Woodruff</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Alexander</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb II 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 3, 1862</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown Bellas</u>	14. NAME OF HUSBAND OR WIFE <u>Ora Worthington White</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles D. White</u> ADDRESS <u>1334 Woodruff</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 hr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Hypertension with atherosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>4201</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 20, 1948 to 2-11, 1949, that I last saw the deceased alive on 2-11, 1949, and that death occurred at 3:30 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Farley MD</u> (Degree or title)	23b. ADDRESS <u>6623 Lillian Street</u>	23c. DATE SIGNED <u>2-11-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2713/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Old Alexandria Cem.</u>
24d. LOCATION (City, town, or county) (State) <u>Lincoln Co Missouri</u>		

DATE REC'D BY LOCAL REG. <u>2-14-49</u>	REGISTRAR'S SIGNATURE <u>Thurid [Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kemper Funeral Home</u> ADDRESS <u>Troy, Mo.</u> By: <u>Joseph J. Marsh</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9600

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Joseph J. Marsh

Licensed Embalmer No. 3932

Signed _____
Student Embalmer

P. O. Address Troy, Missouri.

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.