

FILED JUN 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 21913  
4787

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY St. Louis Mo.			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY 000		
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis Mo. 3		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 19		d. STREET ADDRESS (If rural, give location) Foot of Convent St.
3. NAME OF DECEASED a. (First) Wm. K. White b. (Middle) M. c. (Last) Male			4. DATE OF DEATH (Month) (Day) (Year) May 1 1949		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Apr. 1894	9. AGE (In years, months, days, hours, min.) 54	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W
10b. KIND OF BUSINESS OR INDUSTRY W		11. BIRTHPLACE (State or foreign country) W		12. CITIZEN OF WHAT COUNTRY? W	
13a. FATHER'S NAME W		13b. MOTHER'S MAIDEN NAME W		14. NAME OF HUSBAND OR WIFE W	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give date of service) W	16. SOCIAL SECURITY NO. W	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Verniet C. Vaylor 1300 Clark			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Asphyxiation due to drowning When deceased was found floating in the Mississippi River at the foot of Convent St. on May 1st, 1949, at about 11:10 A.M. Cause - Manner of same could not be determined.				INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 11:10 A.M. Cause - Manner of same could not be determined.				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)		183	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 3 ft			
22. I hereby certify that I attended the deceased from 19____, to 19____, that I last saw the deceased alive on 19____, and that death occurred at 11:10 m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm. K. Perry Deputy Coroner			23b. ADDRESS 1300 Clark		23c. DATE SIGNED 6/1/49
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 6-1-1949	24c. NAME OF CEMETERY OR CREMATORY CITY CEMETERY		24d. LOCATION (City, town, or county) (State) St. Louis, Mo. 650	
DATE REC'D BY LOCAL REG. JUN 1 1949	REGISTRAR'S SIGNATURE J. B. Jaster	FURNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe - 4700 Washington			

(Licensed Embalmer's Statement on Reverse Side)

**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.

Student .....  
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**