

No. 300
10-48

FILED AUG 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28950

BIRTH NO. _____		REG. DIST. NO. 517		PRIMARY REG. DIST. NO. 6076		Registrar's No. 1856			
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Koch, Mol		c. LENGTH OF STAY (in this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		000 17 9 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Robert Koch Hospital				d. STREET ADDRESS (If rural, give location) 1429 N. 16th					
3. NAME OF DECEASED (Type or Print) Robert		a. (First)		b. (Middle)		c. (Last) White			
4. DATE OF DEATH July 30 1949		(Month)		(Day)		(Year)			
5. SEX Male		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Feb. 25 1931			
9. AGE (In years, months, days) 18		if UNDER 1 YEAR Months _____ Days _____		if UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) porter			10b. KIND OF BUSINESS OR INDUSTRY Bag mfg.			11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY U.S.			13a. FATHER'S NAME Willie White		13b. MOTHER'S MAIDEN NAME Ozie Belle Calvert		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 426-52-8030		17. INFORMANT'S SIGNATURE OR NAME Ozie Belle Calvert White				ADDRESS _____	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary tuberculosis						INTERVAL BETWEEN ONSET AND DEATH 7 months	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						002X	
19a. DATE OF OPERATION July 27 1949		19b. MAJOR FINDINGS OF OPERATION spontaneous pneumothorax; empyema, right.						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		21d. (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on July 30, 1949 , and that death occurred at 1:05p.m. , from the causes and on the date stated above.									
23a. SIGNATURE Robert B. Stone MD				23b. ADDRESS Robert Koch Hospital				23c. DATE SIGNED 7-30-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) buried		24b. DATE 8-5-49		24c. NAME OF CEMETERY OR CREMATORY West Point Mills		24d. LOCATION (City, town, or county) Missouri (State) _____			
DATE REC'D BY LOCAL REG. 8-1-49		REGISTRAR'S SIGNATURE Herbert R. Slonky MD		25. FUNERAL DIRECTOR'S SIGNATURE Davis & Brown ADDRESS 1405 Biddle					

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Leroy W. Bannister

Signed _____
Student Embalmer

Licensed Embalmer No. *4523*

P. O. Address *3880 Canton Ave*

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.