

REC'D JAN 3 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43069**
Registrar's No. **10989**

BIRTH NO. **19786-49** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1411 N. 16th Street		d. STREET ADDRESS (If rural, give location) 29 1411 N. 16th Street	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Roy c. (Last) White Jr.		4. DATE OF DEATH (Month) (Day) (Year) Dec. 20 1949	
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 5, 1949
9. AGE (In years last birthday) 9 IF UNDER 1 YEAR Months 15 IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME William Roy White	
13b. MOTHER'S MAIDEN NAME Rosie Lee Hughes		14. NAME OF HUSBAND OR WIFE Never Married	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME William R. White		ADDRESS 1411 N. 16th St.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation; when found dead in its		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
DUE TO (b) crib at the home 1411 No. 16th St.,		DUE TO (c) on Dec. 20th, 1949, at about 12:08 P.M.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ACCIDENT			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo. 182			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 12/20/49 12:08 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? See Above			
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 12:08 P.M. from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Pos. M. Quinn dep. Col. B. O. Clark		23b. ADDRESS 3880 Easton Ave.	
23c. DATE SIGNED DEC 21 1949			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 24, 1949	
24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REG. DEC 22 1949		REGISTRAR'S SIGNATURE J. B. Asater	
25. FUNERAL DIRECTOR'S SIGNATURE W. J. Barnister		ADDRESS 3880 Easton Ave.	

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.

Student
Student Embalmer

Signed

Leroy W. Cannister

Licensed Embalmer No.

4523

P. O. Address

3880 Easton

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.