

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6884
State File No. 1177

318

1003

BIRTH NO. REG. DIST. NO. PRIMARY REG. DIST. NO. Registrar's No.

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY St. Clair			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 3 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lovejoy, 8120			
d. FULL NAME OF HOSPITAL OR INSTITUTION. St. Mary's Infirmary		d. STREET ADDRESS (If rural, give location) 417 Washington St. 8					
3. NAME OF DECEASED (Type or Print) a. (First) HARRY			b. (Middle) M.		c. (Last) WHITE		
4. DATE OF DEATH Month Day Year Feb 3 1950		5. SEX Male <input checked="" type="checkbox"/>		6. COLOR OR RACE Negro			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married <input checked="" type="checkbox"/>		8. DATE OF BIRTH June 18, 1901		9. AGE (In years last birthday) 49			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter		10b. KIND OF BUSINESS OR INDUSTRY Tavern		11. BIRTHPLACE (State or foreign country) Little Rock, Ark. /			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry White		13b. MOTHER'S MAIDEN NAME Unknown			
14. NAME OF HUSBAND OR WIFE Della White		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-12-2335			
17. INFORMANT'S SIGNATURE OR NAME Della White		ADDRESS P.O. Lovejoy, ILL.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure & Nephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephritis DUE TO (c) Pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 oct 5	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (STATE) Lovejoy, St. Clair, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 592 ft.			
22. I hereby certify that I attended the deceased from Oct 5, 1949 to Feb 3, 1950, that I last saw the deceased alive on Feb 3, 1950, and that death occurred at 6 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edwin F. Warden		23b. ADDRESS 930 N. 2nd St.		23c. DATE SIGNED 2/6/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial <input checked="" type="checkbox"/>		24b. DATE Feb 8, 1950		24c. NAME OF CEMETERY OR CREMATORY Washington Park			
24d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.		DATE REC'D BY LOCAL REG. FEB 6 1950		REGISTRAR'S SIGNATURE J.L. Marshall			
25. FUNERAL DIRECTOR'S SIGNATURE J.L. Marshall		ADDRESS E. St. Louis, Ill.					

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 *Thomas M. Hobson*-----

Licensed Embalmer No. *4479*-----

P. O. Address *St. Louis, Mo.*-----

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.