

FILED MAY 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15112
318
1003
Registrar's No. 3581

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3581			
1. PLACE OF DEATH a. COUNTY _____				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 St. Louis		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2219			
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer Phillips				d. STREET ADDRESS (If rural, give location) 906 N. 20th Street 0					
3. NAME OF DECEASED (Type or Print) Henry			a. (First)		b. (Middle) White		c. (Last)		
4. DATE OF DEATH		5. SEX Male 2		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated U		8. DATE OF BIRTH February 1, 1884	
9. AGE (In years last birthday) 66		10. MONTHS 2		11. DAYS 14		12. HOURS _____		13. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Steel Industry			11. BIRTHPLACE (State or foreign country) Aberdeen n, Miss., /		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Philip White			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE _____			
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. 346-07-6533		17. INFORMANT'S SIGNATURE OR NAME Lee Butler White			ADDRESS 4545 Washington		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <input checked="" type="checkbox"/> Peritoneal hemorrhage					
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.					
				DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						ADDITIONAL INFORMATION	
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) _____		21d. (COUNTY) _____		21e. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Hc 7, 2					
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 9:15 P. m., from the causes and on the date stated above.									
23a. SIGNATURE _____ (Type or Print)				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 4/15/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-20-50 m.		24c. NAME OF CEMETERY OR CREMATORY St. Peter's		24d. LOCATION (City, town, or country) (State) St. Louis Mo			
DATE REC'D BY LOCAL REG. APR 19 1950		REGISTRAR'S SIGNATURE J. B. Basater			25. FUNERAL DIRECTOR'S SIGNATURE E. P. Raunce		ADDRESS 1221 N. Grand		

(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
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Clarence Anderson

Licensed Embalmer No. 4750

P. O. Address 1221 1/2 St

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.