

FILED MAY 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18772

318

1003

State File No.

Registrar's No. 4176

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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 2229

d. FULL NAME OF HOSPITAL OR INSTITUTION ALEXIAN BROS. HOS.

d. STREET ADDRESS (If rural, give location) 1916 1/2 RUTGER ST.

3. NAME OF DECEASED
a. (First) JAMES b. (Middle) R. c. (Last) WHITE

4. DATE OF DEATH (Month) (Day) (Year) MAY 6 - 1950

5. SEX M.

6. COLOR OR RACE W.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) "

8. DATE OF BIRTH 9 1876

9. AGE (In years last birthday) 73 YRS
If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mt

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JAMES 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) _____

16. SOCIAL SECURITY NO. _____

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. L. Stephens 4260 Arsenal St

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, asphyxia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure
ANTECEDENT CAUSES Pneumonia "Hypostatic"
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.

INTERVAL BETWEEN ONSET AND DEATH 4 Mo

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? 782.4

22. I hereby certify that I attended the deceased from May 1, 1950, to May 6, 1950, that I last saw the deceased alive on May 6, 1950; and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Louis B. Stephens

23b. ADDRESS 4979 Chippewa

23c. DATE SIGNED 5/8/50

24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) BURIAL

24b. DATE MAY 9 1950

24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.

24d. LOCATION (City, town, or county) (State) ST. LOUIS MO.

DATE REC'D BY LOCAL REG. MAY 9 1950

REGISTRAR'S SIGNATURE J. B. Foster

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schner 3125 Lafayette

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Allen Davis

Signed.....
Student Embalmer

Licensed Embalmer No. *4053*

P. O. Address *4106 Manchester*

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.