

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25408
8396
Registrar's No.

BIRTH NO. _____ 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) St. Louis, Mo		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2189	
c. LENGTH OF STAY (In this place)		STREET ADDRESS (If rural, give location) 3142 Hickory 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Ophelia		b. (Middle)		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) July 21 1950	
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5. SEX Female 3		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March 1907		9. AGE (In years) (Months) (Days) 43 2 29		IF UNDER 1 YEAR YEAR Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Miss		12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Owen Hopkins		13b. MOTHER'S MAIDEN NAME Katie Ellen - ?		14. NAME OF HUSBAND OR WIFE Curtis White	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Curtis White 3142 Hickory		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung Abscess		Lung Abscess				Undet.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Probable food aspiration					
		DUE TO (c) Undetermined					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 786.5	
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22. I hereby certify that I attended the deceased from 3-7 19 50, to 7-21 19 50, that I last saw the deceased alive on 7-21 19 50, and that death occurred at 8:32 pm., from the causes and on the date stated above.

22a. SIGNATURE Herbert E. Kewin M. D.		23b. ADDRESS 2601 N Whittier St.		23c. DATE SIGNED 7-24-50	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July 27 - 50		24c. NAME OF CEMETERY OR CREMATORY Palmer Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson County Mo	
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DATE REC'D BY LOCAL REG. JUL 26 1950		REGISTRAR'S SIGNATURE J. B. Fasater		25. FUNERAL DIRECTOR'S SIGNATURE J. B. Fasater 2769 chouteau		ADDRESS	
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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 _____

Licensed Embalmer No. 2698

P. O. Address. 2764 Khousteau

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.