

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21507

State File No. _____

Registrar's No. 5413

FILED JUN 23 1951

1003

318

BIRTH NO. 26249-51 REG. DIST. NO. 318 PRIMARY REG. DIST. 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 <u>Missouri</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <u>St. Louis</u>		c. LENGTH OF STAY (In this place) <u>3 weeks</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOMER G. PHILLIPS HOSPITAL</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u>	
d. STREET ADDRESS <u>3410 Washington</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Gale</u> b. (Middle) _____ c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 12 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Child</u>	8. DATE OF BIRTH <u>April 22, 1951</u>
9. AGE (In years last birthday) <u>3 weeks</u>		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Wallace White</u>		13b. MOTHER'S MAIDEN NAME <u>Isabelle Ivy</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elizabeth Rhodes, 2601 N Whittier St.</u>		ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infectious Diarrhea</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Undetermined</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____			
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? <u>764+D</u>			
22. I hereby certify that I attended the deceased from <u>6-9</u> , 19 <u>51</u> , to <u>6-12</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>6-12</u> , 19 <u>51</u> , and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Lewis</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>2601 N Whittier St.</u>	
23c. DATE SIGNED <u>6-13-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>6 JUN 14 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>JUN 14 1951</u>		REGISTRAR'S SIGNATURE <u>J B Laester</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Mortuary Service Inc.</u>		ADDRESS <u>612 1/2 Manchester Ave. St. Louis 10, Mo.</u>	

12011

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. _____

P. O. Address _____

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.