No. 300
10.48

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25593

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 2939

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

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Louis Co. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Jennings
d. STREET ADDRESS (If rural, give location): 6631 Barken

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle):
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): JULY 22 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 21, 1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James Callanan
13b. MOTHER'S MAIDEN NAME: Mary Barry
14. NAME OF HUSBAND OR WIFE: Late Peter E. White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Robert E. Schutzius
ADDRESS: 6631 Barken

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 4500

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

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?:

22. *I hereby certify that I attended the deceased from* July 16, 1951, *to* July 22, 1951, *that I last saw the deceased alive on* July 22, 1951, *and that death occurred at* 10 45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert E. Kline, M.D.
23b. ADDRESS: 601 S. Brentwood, Clayton, Mo.
23c. DATE SIGNED: 7-22-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-25-1951
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis, Mo.

DATE REC'D BY LOCAL REG.: 7-23-51
REGISTRAR'S SIGNATURE: Herbert R. Donke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Cullinane Bros.
ADDRESS: 3320 N. Kingshighway

(Licensed Embalmer. See Statement on Reverse Side)

AUG 31 1951

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 Fred Frick

Licensed Embalmer No. 3186

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.)