

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31948**  
Registrar's No. **8173**

FILED SEP 22 1951  
BIRTH NO. **59100-51** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>20 days</b>		d. STREET ADDRESS (If rural, give location) <b>2 / 1041 N. Leffingwell</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Diane</b>	b. (Middle)	c. (Last) <b>White</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>9 9 51</b>
5. SEX <b>Fem. 3</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>D</b>	8. DATE OF BIRTH <b>8-20-51</b>
9. AGE (In years last birthday) <b>3</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days <b>20</b>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Missouri 0</b>	
12. CITIZEN OF WHAT COUNTRY?	13a. FATHER'S NAME		
13b. MOTHER'S MAIDEN NAME <b>Louise white nee Scaife</b>		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)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary Dewell Jett R.R. 2, 2601 N. Whittier</b>	
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.		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Infectious Diarrhea</b>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) 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. <b>Congenital Atresia of Common Du</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Bile Duct</b>		20. AUTOPSY? YES <input 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) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>76410</b>	
22. I hereby certify that I attended the deceased from <b>8-20-</b> , 19 <b>51</b> , to <b>9-9-</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>9-9-</b> , 19 <b>51</b> , and that death occurred at <b>7:38am.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>W. H. Simble</b>		23b. ADDRESS <b>M. D. 2601 N. Whittier</b>	23c. DATE SIGNED <b>9-12-51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>SEP 15 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anatomical Board</b>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <b>SEP 15 1951</b>	REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Rowland Mortuary Service</b> <b>4104 Manchester Ave.</b>	

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**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.