

FILED NOV 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35747

State File No. _____

318

1003

7921

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. 7921		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution residence before admission) a. STATE Missouri b. COUNTY St. Louis				
b. CITY OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 1 Week		c. CITY OR TOWN St. Louis		d. STREET ADDRESS (If rural, give location) 1334 Woodruf Ave		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital								
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) D. c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) Sept. 4, 1951					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 16, 1905		
9. AGE (in years last birthday) 46		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 6 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Body Repair			10b. KIND OF BUSINESS OR INDUSTRY Same		11. BIRTHPLACE (State or foreign country) Lincoln Co, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles D. White			13b. MOTHER'S MAIDEN NAME Ora V. Worthington			14. NAME OF HUSBAND OR WIFE Mary Humphrey White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) No		17. INFORMANT'S SIGNATURE OR NAME Mary H. White ADDRESS 1334 Woodruff Ave				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) 1. Aspiration pneumonia; 2. Oedema of brain; 3. Fracture of left femur, suffered in collision between auto driven by deceased and auto driven by Joe Cramer (deceased also) on highway #63 - mile from Highway Junction DUE TO (b) between auto driven by deceased and auto driven by Joe Cramer (deceased also) on highway #63 - mile from Highway Junction DUE TO (c) highway #63 - mile from Highway Junction II. OTHER SIGNIFICANT CONDITIONS #272, Howard County, Iowa, about 1:00p.m. August 25, 1951, CAUSE AND MANNER COULD NOT BE DETERMINED Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION NOT BE DETERMINED				20. AUTOPSY? OPEN VERDICT YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE apud dict		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) 814 (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? E. 8/6/4				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:50 P.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Patrick E. Rayler Coroner				23b. ADDRESS 31300 Clark		23c. DATE SIGNED 9.6.51.		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 7, 1951		24c. NAME OF CEMETERY OR CREMATORY Troy Mo.		24d. LOCATION (City, town, or county) (State) Troy Mo.		
DATE REC'D BY LOCAL REG. SFP 6 1951		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Alexander + Sons ADDRESS 6175 Delmar Blvd				

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

undermined callidion

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 Jos. E. McCulloch

Signed.....
Student Embalmer

Licensed Embalmer No. 2760

P. O. Address 6175 Pellmar

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.