

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40859**
Registrar's No. **10399**

FILED DEC 2 1952

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BIRTH NO. _____ REG. DIST. NO. _____ 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 Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS (If rural, give location) 4040 W Bell	

3. NAME OF DECEASED (Type or Print) Linly			a. (First) Linly		b. (Middle) V.		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) Nov. 10 1952		
5. SEX Male		6. COLOR OR RACE Cal.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Jan. 23, 1897		9. AGE (In years last birthday) 55		10. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Doctor				10b. KIND OF BUSINESS OR INDUSTRY Auto Body Co.		11. BIRTHPLACE (City and State or Foreign Country) Carrollville Mo.			12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME John E. White			13b. MOTHER'S MAIDEN NAME Zenkerson			14. NAME OF HUSBAND OR WIFE Pauline E. White		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, specify unknown) No			16. SOCIAL SECURITY NO. 492093465			17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Mrs. Pauline E. White, 4040 W. Bell		

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) Cerebral Thrombosis		Cerebral Thrombosis						10 days	
*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) Hypertensive Cardiovascular Disease	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						Undet.	
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS:							
		Conditions contributing to the death but not related to the disease or condition causing death.						None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? 443X	

22. I hereby certify that I attended the deceased from **11-1**, 19**52**, to **11-10**, 19**52**, that I last saw the deceased alive on **11-10**, 19**52**, and that death occurred at **12:40 p.m.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Edward B. Williams, M.D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 11-12-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 11/13/52		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	
24d. LOCATION (City, town, or county) (State) 5500 Brown Rd, St. Louis Mo.		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS W. Bruce 4469 Washington			
DATE REC'D BY LOCAL REG. NOV 12 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		510. (Licensed Embalmer's Statement on Reverse Side)	

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 *Frederick P. Stark*

Licensed Embalmer No. *4599*

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.