

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12505

State File No. 3320
Registrar's No.

FILED APR 10 1953

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. CITY (If outside corporate limits, write RURAL and give township) St Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Infirmary		d. STREET ADDRESS (If rural, give location) 5600 Arsenal	
3. NAME OF DECEASED (Type or Print) a. (First) Frank		c. (Last) White	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) Mar. 26, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20, 1882
9. AGE (In years less birthday) Months Days		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator	
10b. KIND OF BUSINESS OR INDUSTRY Chemical Co.		11. BIRTHPLACE (City and State or Foreign Country) Mineral Point Mo.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Andrew White	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Dolly White	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Frank White		ADDRESS 4920 Heege	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Antecedent Causes Coronary Sclerosis DUE TO (b) Coronary Sclerosis DUE TO (c) Aspiration of food, at City Infirmary about 11:00 am Mar 26 1953 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION see Accident	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) MURDER Accident	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Infirmary		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Mar 26 53 11:30		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> See above	
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 11:30A m., from the causes and on the date stated above. 46			
23a. SIGNATURE Patrick E Taylor, Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3-28-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3/30/53		24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cem.	
24d. LOCATION (City, town, or county) (State) St Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	
25. ADDRESS 7027 Gravois		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 28 1953 J. Earl Smith, M.D.	

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

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 B. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravois

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.