

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41370**
Registrar's No. **10981**

FILED NOV 27 1953

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 Missouri		b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 32 yrs.		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2615 Ecoff Ave.		e. STREET ADDRESS (If rural, give location) 3 2615 Ecoff Ave.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) Jackson c. (Last) White			4. DATE OF DEATH (Month) (Day) (Year) Nov. 16th 1953				
5. SEX Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept 12, 1902	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 2		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Police Sgt.		10b. KIND OF BUSINESS OR INDUSTRY St. Louis P.D.		11. BIRTHPLACE (City and State or Foreign Country) St. Louis			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Albert White		13b. MOTHER'S MAIDEN NAME Mary McGauly			
14. NAME OF HUSBAND OR WIFE Lillian White		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Lillian White		ADDRESS Above					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Heart Disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephrosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Not known</u> <u>Not known</u>	
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) <u>No</u>		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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4438</u>			
22. I hereby certify that I attended the deceased from <u>Nov 7, 1953</u> , to <u>Nov 16, 1953</u> , that I last saw the deceased alive on <u>Nov 14, 1953</u> , and that death occurred at <u>5:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Larry D. Daniels, M.D.</u>				23b. ADDRESS <u>2296 Jefferson Ave</u>		23c. DATE SIGNED <u>Nov 19, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-20-53		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE RECD BY LOCAL REG. NOV 19 1953		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.			

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.....
Signature of Student Embalmer

Signed..... *W. Burgess*

Licensed Embalmer No. *4829*

P. O. Address *Maplewood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.