

FILED APR 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14249**  
Registrar's No. **3242**

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>14 yrs</b>		d. STREET ADDRESS (If rural, give location) <b>2125A Cole St</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 2125A Cole St</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>APR. 8, 1954</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>LEO</b> b. (Middle) c. (Last) <b>WHITE</b>		5. SEX <b>M.</b> 6. COLOR OR RACE <b>COL</b>	
7. MARRIED NEVER MARRIED WIDOWED, DIVORCED (Specify) <b>SINGLE</b>		8. DATE OF BIRTH <b>9-26-1904</b>	
9. AGE (In years last birthday) <b>49</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>JUNKER</b>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>LOVE JOYE ILL</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		13a. FATHER'S NAME <b>SAM WHITE</b>	
13b. MOTHER'S MAIDEN NAME <b>MARTHA B. WHITE</b>		14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>DAISY D. INGRAM</b>		ADDRESS <b>2125A COLE ST.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. <b>DUE TO (b) Tuberculosis Pneumonia</b> <b>DUE TO (c)</b>	
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) <b>002X</b>		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?	
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 <b>142 P.</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <i>[Signature]</i>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>4/12/54</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	
24b. DATE <b>4-12-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>County of St. Louis MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>GUS HOWE</b>	
25. ADDRESS <b>2930 DICKSON ST.</b>		DATE REC'D BY LOCAL REG. <b>APR 12 1954</b>	
REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. ADDRESS <b>2930 DICKSON ST.</b>	

**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 Leroy W. Sammis

Licensed Embalmer No. 4523

P. O. Address 3880 Easton Ave.

**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.