

FILED AUG 6 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **25479**
Registrar's No. **7000**

BIRTH NO. _____ 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		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL, and give township) St. Louis Mo		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Worship = 1		e. STREET ADDRESS (If rural, give location) W.R.K. 2289		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Walter		b. (Middle) White		c. (Last) male	
4. DATE OF DEATH (Month) (Day) (Year) 6 28 54		5. SEX Male		6. COLOR OR RACE White	
7. MARRIED NEVER MARRIED, WIDOWED OR DIVORCED (Specify) Never Married		8. DATE OF BIRTH abt 1900		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 1 HR. Hours Min. 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) W.R.K.		10b. KIND OF BUSINESS OR INDUSTRY W.R.K.		11. BIRTHPLACE (City and State or Foreign Country) W.R.K.	
12. CITIZEN OF WHAT COUNTRY? 9		13a. FATHER'S NAME W.R.K.		13b. MOTHER'S MAIDEN NAME W.R.K.	
14. NAME OF HUSBAND OR WIFE W.R.K.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank or date of service) W.R.K.		16. SOCIAL SECURITY NO. W.R.K.	
17. INFORMANT'S SIGNATURE OR NAME W.R.K.		ADDRESS W.R.K.			

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)		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		Conditions contributing to the death but not related to the disease or condition causing death.			
ANTECEDENT CAUSES		DUE TO (b)			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Vulnorary Congestion			
DUE TO (c)		Distention Right Heart			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 4343	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased living on _____, 19____, and that death occurred on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE Joseph W. Smith		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 7/6/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 7-29-54		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe		ADDRESS 4700 Washington Blvd.	

DATE REC'D BY LOCAL REG. **JUL 29 1954**
REGISTRAR'S SIGNATURE **Carl Smith Mo**
DATE REC'D BY LOCAL REG. **JUL 29 1954**

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

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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..

Not embalmed Buried by City.

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

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.