

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8999

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 town or township) St. Louis, Mo. c. LENGTH OF STAY (in this place) 17 days
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Frisco Employees Hospital
d. STREET ADDRESS (If rural, give location) 223 1500 South 12th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Millard b. (Middle) _____ c. (Last) White
4. DATE OF DEATH (Month) (Day) (Year) 10 3 54

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept. 1, 1889 9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) brakeman 10b. KIND OF BUSINESS OR INDUSTRY Railroad 11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Elzie White 13b. MOTHER'S MAIDEN NAME Hannah Forecker 14. NAME OF HUSBAND OR WIFE Margaret

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. # 16. SOCIAL SECURITY NO. 498-18-5492 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Margaret White 1500 So. 12th St.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) COR Pulmonale
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphysema
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 10 yrs.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 434.3

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-17, 1954, to 10-3, 1954, that I last saw the deceased alive on 10-3, 1954, and that death occurred at 11:10 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Alvarguero (MD) 23b. ADDRESS 4960 Locede 23c. DATE SIGNED 10-4-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 10-6-54 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson Brks, Mo.

DATE REC'D BY LOCAL REG. OCT 4 1954 REGISTRAR'S SIGNATURE J. Carl Smith MD 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington.

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 Elton H. Penelias

Licensed Embalmer No. 4283

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.