

FILED FEB 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. **3336**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 214

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Ferguson 21</b>		c. CITY OR TOWN <b>Ferguson</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>4 days</b>		e. STREET ADDRESS (If rural, give location) <b>255 Elbring Drive</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1807 Chambers Road</b>					

3. NAME OF DECEASED (Type or Print) <b>AMBER ARRELLA WHITE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 27, 1955</b>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>July 10, 1877</b>	9. AGE (In years last birthday) <b>77</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Alvarado, Texas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>William P. Ridings</b>	13b. MOTHER'S MAIDEN NAME <b>Amanda Moore</b>	14. NAME OF HUSBAND OR WIFE <b>W. B. White</b>
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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>+57-20-6709</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Homer R. Lemons</b>	ADDRESS <b>255 Elbring Dr.</b>
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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		INTERVAL BETWEEN ONSET AND DEATH <b>1455</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertension</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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>Ferguson Mo.</b>
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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?
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22. I hereby certify that I attended the deceased from 1-6, 1955 to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 1-27, 1955, and that death occurred at 9:30 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. W. B. White</b>	23b. ADDRESS <b>917 Airport Rd Ferguson Mo</b>	23c. DATE SIGNED <b>1-27-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-29-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Co., Missouri</b>
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DATE REC'D BY LOCAL REG. <b>1-28-55</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donke M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>White Chapel, Ferguson, Missouri</b>	ADDRESS
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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..

Student.....  
Signature of Student Embalmer

Signed *Eleanor Poince*.....

Licensed Embalmer No....3403.

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