

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17273

State File No.

FILED MAY 27 1955

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542 Registrar's No. 1127

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>RICHMOND HEIGHTS</u>	c. LENGTH OF STAY (In this place) <u>5 days</u>	c. CITY OR TOWN <u>Caseyville Twp.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>		e. STREET ADDRESS (If rural, give location) <u>R R 4 Belleville</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Virginia</u>	b. (Middle) <u>Lee</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1955</u>
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5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Jan. 30, 1955</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months <u>3</u> Days <u>17</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Belleville, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>John White</u>	13b. MOTHER'S MAIDEN NAME <u>Virginia Hollon</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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) <u>XXX</u> <u>XXXX</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>John White</u> R R ADDRESS <u>Belleville, Ill.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bacterial pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Esophageal stenosis</u> DUE TO (c) <u>feebly esophageal anatomy</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>5/16/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>493X</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 5/12, 1955, to 5/17, 1955, that I last saw the deceased alive on 5/17, 1955, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. P. Sequiera M.D.</u>	23b. ADDRESS <u>St. Marys Hospital</u>	23c. DATE SIGNED <u>5/18/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>5/18/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>O'Fallon, Illinois</u>	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. <u>5/18/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Danks, M.D.</u>	25. GENERAL DIRECTOR'S SIGNATURE <u>W. H. Hershberger</u>	O'FALLON, ILLINOIS
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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.....
Signature of Student Embalmer

Signed *Frank Prokoff*.....
Licensed Embalmer No. *43*.....
P. O. Address *St. Louis*.....

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.