

FILED SEP 6 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28289

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **6974**

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (in this place) _____
c. CITY OR TOWN **St. Louis** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **Homer G. Phillips Hospital** STREET ADDRESS (If rural, give location) **20 1601 Glasgow** **220/0**

3. NAME OF DECEASED a. (First) **Eva** b. (Middle) _____ c. (Last) **White** 4. DATE OF DEATH (Month) (Day) (Year) **8 6 55**

5. SEX **Female** 6. COLOR OR RACE **Col** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed** 8. DATE OF BIRTH **27 Dec 1881** 9. AGE (In years last birthday) **73** If UNDER 1 YEAR Months _____ Days _____ If UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Starks Ky** 12. CITIZEN OF WHAT COUNTRY **US**

13a. FATHER'S NAME **Unknown** 13b. MOTHER'S MAIDEN NAME **Known** 14. NAME OF HUSBAND OR WIFE **Dead**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) **No** (If yes, give war and dates of service) **No** 16. SOCIAL SECURITY NO. **No** 17. INFORMANT'S SIGNATURE OR NAME **James Hickman** ADDRESS **3639 Windors**

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
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(a) Congestive Heart Failure. Arterio-sclerotic Heart Disease.** INTERVAL BETWEEN ONSET AND DEATH **Undt.**
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 **Generalized Arteriosclerosis.** Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO **4200**

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) _____ 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 **8-1-** **1955**, to **8-6-** **1955**, that I last saw the deceased alive on **8-6-** **1955**, and that death occurred at **3:10a:** m., from the causes and on the date stated above.

23a. SIGNATURE **Edw. B. White** (Degree or title) **M.D.** 23b. ADDRESS **2601 N. Whittier Street** 23c. DATE SIGNED **8-9-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8/10/55** 24c. NAME OF CEMETERY OR CREMATORY **Oake Dale** 24d. LOCATION (City, town, or county) (State) **St. Louis County Mo**

DATE REC'D BY LOCAL REG. **AUG 10 1955** REGISTRAR'S SIGNATURE **J. Earl Smith M.D.** 25. FUNERAL DIRECTOR'S SIGNATURE **Herman J. Smith** ADDRESS **4247/w Labadie**

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 *Arthur L. Hilliard*

Licensed Embalmer No. *42*

P. O. Address *4107 Fern*

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.