

STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

State File No. **32498**
Registrar's No. **8258**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 8258			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY _____					
b. CITY 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 <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION HOMER G PHILLIPS				2. STREET ADDRESS (If rural, give location) 1190 3200 RMAGAZINE					
3. NAME OF DECEASED (Type or Print) a. (First) ALICE		b. (Middle) _____		c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) 9-1-56			
5. SEX FEMALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 10-25-92			
9. AGE (In years last birthday) 63		10. 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) UNKNOWN, MISS.			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE SEBRON WHITE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Gertrude Watson ADDRESS 3200 magazine					
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 _____	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of Left Lung, 2nd Ed				ANTECEDENT CAUSES 30 years of approximately 60% of the body. Suffered when deceased was burned at fire				II. OTHER SIGNIFICANT CONDITIONS same, when wood fire in house was ignited by extract which caused flame to reach her clothing on fire Aug 28 1956	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION see clothing on fire Aug 28 1956				20. AUTOPSY/1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) House		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis MO		21f. HOW DID INJURY OCCUR? E916.0			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 28 56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22. I hereby certify that I attended the deceased from 1956 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 330 P. m. , from the causes and on the date stated above.					
23a. SIGNATURE (In free or titled) Patrick J. Taylor Carson		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 9.6.56					
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 9-8-56		24c. NAME OF CEMETERY OR CREMATORY WASHINGTON PARK		24d. LOCATION (City, town, or county) (State) St Louis MO			
DATE REC'D BY LOCAL REG. SEP 6 1956		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Bennie Love 3103 Washington					

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 *W. R. Gordon*

Licensed Embalmer No. *348*

P. O. Address *4575 Al*

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.