

FILED OCT 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36393**
Registrar's No. **8813**

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois		b. COUNTY Madison	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Madison		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) 3 weeks		e. STREET ADDRESS (If rural, give location) 2043 Beckwith		81208	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jewish Hospital					
3. NAME OF DECEASED (Type or Print) a. (First) Valetta White		b. (Middle)		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 24, 1956					
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH February 13, 1904	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 7 Days 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (City and State or Foreign Country) Madison, Illinois	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13a. FATHER'S NAME Joseph Beck		13b. MOTHER'S MAIDEN NAME Molly Coleman		14. NAME OF HUSBAND OR WIFE Charles Arthur	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Charles A. White	
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)		Pyelo nephritis		2 yrs.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Malignant hypertension		2 yrs.	
		DUE TO (c) Hypertensive heart disease		1 yr	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		441 X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 27, 1956 to Sept 24, 1956 , that I last saw the deceased alive on 9/24, 1956 , and that death occurred at 5:00 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Helen Green		(Degree or title)		23b. ADDRESS 634 N. Grand Ave	
23c. DATE SIGNED 9/25/56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 24, 1956		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill Cemetery	
24d. LOCATION (City, town, or county) (State) Edwardsville Twp. Illinois					
DATE REC'D BY LOCAL REG. SEP 25 1956		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Shamin J. Lacey	
		ADDRESS Illinois			

J.P. (Licensed Embalmer's Statement on Reverse Side)

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 *Ramin J. Lakey*.....

Licensed Embalmer No. *279*.....

P. O. Address *Madison*.....
Ill

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.