Health, Welfare Public Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JUL 16 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 26690

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5844

1. PLACE OF DEATH
a. COUNTY S.T. L.O.U.I.S
b. CITY OR TOWN ST. LOUIS — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Pac. Hospital — Length of stay in 1b 40
d. STREET ADDRESS (If outside, give location) 6001 MAXWELL AVE — Reside on Farm Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY ST. LOUIS
c. CITY OR TOWN AFFTON (23) 4810 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 27

3. NAME OF DECEASED (Type or print): First JOHN Middle WILLIAM Last WHITE

4. DATE OF DEATH Month JUNE Day 21 Year 57

5. SEX M

6. COLOR OR RACE W

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH DEC. 24, 1882

9. AGE (In years last birthday) 74 — 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) PENSR. ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY MISSOURI PACIFIC

11. BIRTHPLACE (City and state or country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Buddy White

14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT Osie White — Address 6001 Maxwell Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease — Several years
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). 443x

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from JUNE 6, 1957 to JUNE 20, 1957 and last saw ~~him~~ him alive on JUNE 20, 1957
Death occurred at 3:25 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clement J. Sullivan (Degree or title) M.D.

22b. ADDRESS Mo. Pac. Hosp. Casu.

22c. DATE SIGNED 6-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal

23b. DATE 6-24-1957

23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery

23d. LOCATION (City, town, or county) Mackenzie Rd. Affton Mo (State) Mo

24. FUNERAL DIRECTOR Siegenhein Bros — ADDRESS 6409 Gravois Ave

25. DATE RECD. BY LOCAL REG. JUN 24 '57

26. REGISTRAR'S SIGNATURE J. Carl Smith MD

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Jane M. Szemon

Licensed Embalmer No. 4

P. O. Address St Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.