Health, Welfare Public Service

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004058
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 149

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Riverview — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 2100 Hudson Dr. — Length of stay in 1b: 6 Wks.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Riverview 4631 — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2100 Hudson Dr. — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Annie Middle: Last: White

4. DATE OF DEATH: Month: 1 Day: 15 Year: 1959

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] **DIVORCED** [ ]

8. DATE OF BIRTH: Mar. 16, 1870

9. AGE (In years last birthday): 88 — 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: Home

11. BIRTHPLACE (City and state or country): Carrollton, Ills.

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

13a. FATHER'S NAME: Samuel Smith

13b. MOTHER'S MAIDEN NAME: Annie Spencer

14. NAME OF HUSBAND OR WIFE: Harvey T. White

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: Dr. Orville O. White Address: 2100 Hudson Dr.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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): CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): ARTERIOSCLEROSIS 4201

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 12-1-58, to 1-15-59 and last saw her/him alive on 1-15-59
Death occurred at 1:55 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Orville O. White M.D.

22b. ADDRESS: 2100 Hudson Dr.

22c. DATE SIGNED: 1-15-59

23a. BURIAL, CREMATION, REMOVAL (Specify): removal

23b. DATE: 1/17/59

23c. NAME OF CEMETERY OR CREMATORY: Carrollton Cemetery

23d. LOCATION (City, town, or county) (State): Carrollton, Ills.

24. FUNERAL DIRECTOR: Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG.: 1-16-59

26. REGISTRAR'S SIGNATURE: John C. Murphy, MD/pr

(Licensed Embalmer's Statement on Reverse Side)

Dr. O. O. White

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 Albert R. Thompson

Licensed Embalmer No. 4237

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.