THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 59-019762

FILED MAY 18 1959 Registration District No. ..... Primary Registration District No. ..... Registrar's No. 2539

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1305 S.Twelfth St. — Length of stay in Hospital: 60-yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo.
b. COUNTY
c. CITY OR TOWN: St.Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1305 S.Twelfth St. — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Harry — Middle: G. — Last: White

4. DATE OF DEATH: Month: May — Day: 8 — Year: 1959

5. SEX: M.

6. COLOR OR RACE: W.

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

8. DATE OF BIRTH: Aug.7,1893

9. AGE (In years last birthday): 65 — 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): Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): Martin,Tenn.

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

13a. FATHER'S NAME: M.R.White

13b. MOTHER'S MAIDEN NAME: Rebecca Travis

14. NAME OF HUSBAND OR WIFE

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.: 489-16-4674

17. INFORMANT — Address: Mr.Ree J.White,6605 Alder 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): Carcinoma of Nasopharynx — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 146x
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

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 March 1959 to May 1959 and last saw ~~the~~ him alive on May 7, 1959
Death occurred at 1:30 am. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Martin W. Davis, MD

22b. ADDRESS: 539 N. Grand

22c. DATE SIGNED: 5/8/59

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

23b. DATE: May 11,1959

23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery

23d. LOCATION (City, town, or county) (State): St.Louis County,Missouri

24. FUNERAL DIRECTOR: Arthur J. Nonnelly — ADDRESS: 3840 Lindell Blvd.

25. DATE RECD. BY LOCAL REG.: MAY 8 '59

26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Drover Williams

Licensed Embalmer No. 356

P. O. Address 3840 Lind

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.