

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-013386

FILED VS APR 12 1960

2 3687

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips		d. STREET ADDRESS (If outside, give location) 4429 Kennerly	
3. NAME OF DECEASED (Type or print) First Zora Middle Victoria Last White		4. DATE OF DEATH Month 3 Day 28 Year 60	
5. SEX Female	6. KIND OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/4/93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY --	9. AGE (last birthday) 67
11. BIRTHPLACE (City and state or country) Tuscumbia, Ala.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Isaac Deloney		13b. MOTHER'S MAIDEN NAME Henrietta Eggerston	
14. NAME OF HUSBAND OR WIFE Edward White		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. --		17. INFORMANT Julian White 4630 Penrose	
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 the Stomach with Widespread Metastasis			INTERVAL BETWEEN ONSET AND DEATH Undet.
DUE TO (b) _____			
DUE TO (c) 151X			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 2-12-60 to 3-28-60 and last saw ^{her} _{him} alive on 3-28-60		Death occurred at 3:40 p. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <i>Dr. Julian White MD</i> (Degree or title)		22b. ADDRESS 2601 N. Whittier St.	
22c. DATE SIGNED 3-29-60			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/2/60	23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis Missouri
24. FUNERAL DIRECTOR Charles J. Gates 4107 Finney		25. DATE RECD. BY LOCAL REG. APR 1 1960	
		26. REGISTRAR'S SIGNATURE <i>Earl Smith, M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

m 2 3

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Rayton Swan

Licensed Embalmer No. 4580

P. O. Address 4107 Finney

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.