MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 13 1961

=61-011766
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1935

AMENDED

1. PLACE OF DEATH
a. COUNTY X
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS
Length of stay in 1b: 1 HOUR - 25 MIN
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BOOTH MEMORIAL HOSPITAL
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY X
c. CITY OR TOWN ST. LOUIS
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2323 INDIANA
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Baby Middle: Last: White
4. DATE OF DEATH Month: Feb Day: 25 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Feb 25, 1961
9. AGE (last birthday) IF UNDER 1 YEAR / IF UNDER 24 HR: Months / Days / Hours: 1 / Min.: 25
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): ST. LOUIS, MO
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: HOWARD J. WHITE
13b. MOTHER'S MAIDEN NAME: FRANCES DELORES HIGHLAND
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.: NONE
17. INFORMANT: Frances D. White Address: 2323 Indiana

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) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: life.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) 762.0
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. ☐ Yes ☐ No ☐ Unknown

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 on February 25, 1961 to and last saw her/him alive on Feb 25, 1961
Death occurred at 2:19 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Leroy E. Ellison MD
22b. ADDRESS: 3610 So Broadway St Louis Mo
22c. DATE SIGNED: 2/25/61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: FEB. 27, 1961
23c. NAME OF CEMETERY OR CREMATORY: ST. MATTHEWS CEM.
23d. LOCATION (City, town, or county) (State): ST. LOUIS Mo.
24. FUNERAL DIRECTOR: Thomas Kutis ADDRESS: 2906 Gravois
25. DATE RECD. BY LOCAL REG.: FEB 27 1961
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Not Embalmed
Signature of Student Embalmer

Signed A P Robert

Licensed Embalmer No._____

P. O. Address 2906 Gravois

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.