

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037259

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2798

FILED OCT 11 1962

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u>		c. CITY OR TOWN <u>Overland</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>2320 Spencer</u>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>F.</u> Last <u>White</u>		4. DATE OF DEATH Month <u>September</u> Day <u>26</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-4-1887</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Express messenger</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco R. R.</u>	11. BIRTHPLACE (City and state or country) <u>Phoenix Ville, Pa.</u>
13a. FATHER'S NAME <u>Samuel White</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Nace</u>	14. NAME OF HUSBAND OR WIFE <u>Ida White (Dead)</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Marie Gerstacker, 2320 Spencer</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Home pneumonia thru E. Fr. R.R., left</u> DUE TO (b) DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>12 DAYS</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>ASHD, severe</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) <u>FELL AT HOME</u>	
20c. TIME OF INJURY Hour <u>9:35</u> a.m. p.m. Month, Day, Year	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 <u>Salem</u> COUNTY STATE
21. I attended the deceased from <u>9/25/62</u> to <u>9/26/62</u> and last saw him alive on <u>Sept 26, 1962</u> . Death occurred at <u>9:35 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>L. A. Beatty, M.D.</u>		22b. ADDRESS <u>601 S. Brentwood Bl.</u>	22c. DATE SIGNED <u>9/26/62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>9-28-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Salem Cemetery</u>	23d. LOCATION (City, town, or county) <u>Salem Mo</u>
24. FUNERAL DIRECTOR <u>Earl Hilleman</u> ADDRESS <u>Overland 14, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>9-27-62</u>	26. REGISTRAR'S SIGNATURE <u>John E. Murphy, M.D.</u>

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.