

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030641

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-1288688 / SL-28150

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7239

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>ILLINOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY <u>ST CLAIR</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS</u>		Length of stay in 1b <u>5HR 50 MIN</u>	c. CITY OR TOWN <u>EAST ST. LOUIS</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>VAH Veterans Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1208 Colas AVENUE</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>ALLEN</u> Middle <u>NMI</u> Last <u>WHITE</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>10</u> Year <u>1963</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-15-97</u>
9. AGE (last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAILROAD</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (City and state or country) <u>LAKE HALL, ARK</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>SQUIRE WHITE</u>	
14. MOTHER'S MAIDEN NAME <u>HALEY</u>		14. NAME OF HUSBAND OR WIFE <u>ALBERTA WHITE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give year or dates of service) <u>YES WW I</u>		17. INFORMANT Address <u>ALBERTA WHITE See 2 Above</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>ACUTE MYOCARDIAL INFARCTION</u>			INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <u>ARTERIOSCLEROTIC HEART DISEASE</u>			
DUE TO (c) <u>420.0</u>			
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 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. 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.) <u>VA</u>	20f. CITY, TOWN, OR LOCATION <u>7-10-63</u>	COUNTY <u>7-10-63</u>	STATE <u>7-10-63</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>4:40 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Dean L. Mann</u> (Degree or title) <u>DEAN L. MANN</u>		22b. ADDRESS <u>M.D. VAH, ST. LOUIS, MISSOURI</u>	22c. DATE SIGNED <u>7-10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>7/16/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetary</u>	23d. LOCATION (City, town, or county) (State) <u>Jefferson Barracks, Missouri</u>
24. FUNERAL DIRECTOR <u>MARION E. OFFICER</u> Address <u>2114 Missouri Avenue East St. Louis, Illinois</u>		25. DATE RECD. BY LOCAL REG. <u>JUL 12 1963</u>	26. REGISTRAR'S SIGNATURE <u>Loed Smith, M.D.</u>

*OK Alan P. Taylor 7/12-63 Coroner*

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

*Frank Proloff*

Licensed Embalmer No. 4356

P. O. Address Adams Mo

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:

Jefferson Barracks, Missouri

National Cemetery

7/18/63

Burial

5111 Missouri Avenue  
HARRIS E. WOLFE, East St. Louis, Illinois