

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

34753

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 003
 City St. Louis (No. City 70 Report)..... St. Ward.....

File No.
 Registered No. 9879
 St. Ward.....

2. FULL NAME Sam White
 (a) Residence. No. 2820 N. 15 St. St. 26 Ward.....
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** Single
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4 - 1927

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 2 hrs. or 30 min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... None
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN; (STATE OR COUNTRY) St. Louis

10. NAME OF FATHER Martin White

11. BIRTHPLACE OF FATHER (CITY OR TOWN; (STATE OR COUNTRY) St. Louis

12. MAIDEN NAME OF MOTHER Berlin Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN; (STATE OR COUNTRY) St. Louis

14. INFORMANT Roman
 (Address) City 70 Report

15. FILED NOV - 5 1927 May B Starkloff
 19. 1927 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Nov 2 1927 to Nov 3 1927 that I last saw h. alive on Nov 3 1927, and that death occurred, on the date stated above, at 7:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

159 Prematurity - about 7 mos.

CONTRIBUTORY (SECONDARY) 161 W
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

18. DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?.....

(Signed) Henry E. Westerman, M. D.
11/4 1927 (Address) City 70 Report

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary **DATE OF BURIAL** 11-5 1927

20. UNDERTAKER Arthur J. Kennedy 2039 Wash St

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

white.