

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

Do not use this space.

36392

File No. \_\_\_\_\_  
Registered No. 10929  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. 795  
Township \_\_\_\_\_ # Primary Registration District No. \_\_\_\_\_  
City St. Louis, (No. 5731 Waterman Ave.)

**2. FULL NAME**

William White.  
(a) Residence, No. #5731 Waterman Ave. 5 Ward. (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
84 11. 19.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Bldg Contractor.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

13. NAME (Unknown) White.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

15. MAIDEN NAME Jane Moore.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland.

17. INFORMANT Ray E. White. (ADDRESS) # 5731 Waterman Ave.

18. BURIAL, CREMATION, OR REMOVAL Oak Grove Mausoleum DATE Oct. 31 - 1931

19. UNDERTAKER C.R. Puxton & Sons. (ADDRESS) # 4249 Delver Street.

20. FILED OCT 29 1931 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 25 . 1931

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1931 to October 25, 1931  
I last saw h. alive on October 25, 1931. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Paralysis Cystitis 1860 1921  
1860 194  
Date of onset 7/1/31

Other contributory causes of importance:  
fracture left shoulder  
received when he fell to floor at home  
accident  
Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? Accident Date of injury 7/1/31

Where did injury occur? 8815 Muren Ave, Millbrook (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fall, due to Paralysis Cystitis  
Nature of injury fracture left shoulder

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_

(Signed) Phenton P. Proctor, M. D.  
(Address) 1600 S. Grand Blvd.

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.

Dr. Brooks

1650 S. Grand,

2-3 P.M.