

FEB 4 1936

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

Do not use this space.

4000

1. PLACE OF DEATH

County St. Louis Registration District No. 1123 File No. \_\_\_\_\_  
Township Carondelet Primary Registration District No. 6248B Registered No. 32  
City Jefferson Barracks, Mo. Station Hospital St. \_\_\_\_\_ Ward)

2. FULL NAME Lawrence W. White

(a) Residence, No. Ors. # 42-6, St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) Jefferson Barracks, Mo. (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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 22, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from January 18, 1936 to January 22, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1882

I last saw him alive on January 22, 1936 Death is said

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 49 7 8

to have occurred on the date stated above, at 3:05 P.m.  
The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. Soldier  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. U. S. Army  
10. Date deceased last worked at this occupation (month and year) Jan. 17, 1936 11. Total time (years) spent in this occupation. 28

Pneumonia, lobar, all lobes, right lung. (Pneumococcus type 4). Date of onset 17/36

Other contributory causes of importance: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brooklyn, New York

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? X-ray Was there an autopsy? No

MOTHER FATHER 13. NAME Unknown

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

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

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME Unknown

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

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

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) J. R. Darnall, Major, M.C., M. D.  
(Address) Jefferson Barracks, Mo.

17. INFORMANT U. S. Army Service Record office.  
(ADDRESS) Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem. DATE Jan. 25, 1936

19. UNDERTAKER C. Hoffmeister & H. H. Co.  
(ADDRESS) 7814 So. Broadway

20. FILED Jan. 23, 1936 L. Mowery  
Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

