

WRITE PLAINLY, INK 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.

OCT 14 1937

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

32237  
Do not use this space.

1. PLACE OF DEATH—

(a) County..... Registration District No. **791**

(b) Township..... Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **City Hospital No.1** St.

(e) Length of residence in city or town where death occurred **52** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

C. **7481**

2. PRINT FULL NAME **Ben White**

(a) Residence, No. **2636 Lafayette** St. **23** (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) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan 1, 1885**

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

**52** **8** **7** **30**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **nil**

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8/31/37** 19

22. I HEREBY CERTIFY, That I attended deceased from **8/26/37** 19 to **8/31/37** 19.

I last saw **him** alive on **8/31/37** 19. Death is said to have occurred on the date stated above, **11.45 a.m.**

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

**Syphilitic meningitis**

Date of onset

Other contributory causes of importance: **JH**

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?..... If so, specify..... (Specify city or town, county, and State)

**Chas. J. Bredeck** M. D.  
City Hospital No.1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Missouri**

FATHER

13. NAME **Albert White**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER

15. MAIDEN NAME **Sarah (Unknown)**

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

17. INFORMANT **Hosp. Info. M. Keat** (ADDRESS) **MRS WILLIAM WHITE, 2636 LAFAYETTE**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MEMORIAL PARK** DATE **9-3** 19**37**

19. FUNERAL DIRECTOR **MULLEN BRO** (ADDRESS) **4259 WINDLEH.**

20. FILED **SEP 3 1937** **J. Bredeck** Local Registrar.

STATEMENT BY LICENSED EMBALMER

I, Tom Rogers, Licensed Embalmer No. 3905

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Tom Rogers  
Licensed Embalmer No. 3905

**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.)**