OCT 14 1937

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

Do not use this space. 32592

1. PLACE OF DEATH
(a) County
(b) Township
(c) City St Louis Mo.
Registration District No. 791
Primary Registration District No. 1003
Registered No. 8646
(d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME SAMUEL WHITE.
(a) Residence, No. 914 S. 4th St. St. 22
(Usual place of abode, if no street address, write county or city) (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): SINGLE.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JAN 30, 1859
7. AGE: [redacted] YEARS 78 YRS. MONTHS 7 DAYS 14 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CLERK AT
9. Industry or business in which work was done, as saw mill, bank, etc. RELIEF CENTER
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) MICHIGAN

FATHER
13. NAME UNKNOWN
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) RALPH HIRSCH. SUPT. WELCOME INN 914 S. 4TH ST.
18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PK. DATE 9-15-37, 19
19. FUNERAL DIRECTOR (ADDRESS) MULLEN BROS 4259 LINDELL, BLVD.
20. FILED SEP 15 1937 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 14TH, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:20 A.M.
The principal cause of death and related causes of importance were as follows:

Second and Third Degree Burns of Body and legs, suffered when he stumbled and fell over a small box causing him to fall against a coffee urn and spill the content

Date of onset

Other contributory causes of importance:
on self, on September5, 1937 at about 4:15 P.M.

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 9/5/, 1937
Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. At Welfare Center
Manner of injury See Above.
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Joseph M. Quinn H. Mo.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

31 2 977 31

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STATEMENT BY LICENSED EMBALMER

I, H E Burgess, Licensed Embalmer No. 3947

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

L. E.

No. ..... or by ....., Registered Apprentice No. .....

working under my personal supervision.

Signed H E Burgess

Licensed Embalmer No. 3947

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.)