

DEC 13 1937

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

39632

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791 2**  
 (b) Township ..... Primary Registration District No. **1003**  
 (c) City **St. Louis, Mo.** (d) Street No. **Jewish Hospital** St. **10619**  
 (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. **2** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Alvin Wilbur White**

(a) Residence, No. **606 N. Broadway** St. **IL** **Salem, Illinois**  
 (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) **Married**  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jessie White**  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 2nd, 1874**  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**63 1 13**  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Civil Engineer**  
 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) **Sept. 14, 1937** 11. Total time (years) spent in this occupation **35 Yrs.**

12. BIRTHPLACE (CITY OR TOWN) **Near Wilkinson,** (STATE OR COUNTRY) **Indiana**

FATHER 13. NAME **Kennan T. White**

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

MOTHER 15. MAIDEN NAME **Margaret Olive**

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

17. INFORMANT **Mrs Jessie White** (ADDRESS) **Salem, Illinois**

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE **Muncie, Indiana** DATE **Nov. 17th** 19. **37**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.,** (ADDRESS) **429 N. Euclid Avenue**

20. FILED **J. Bredeck** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **November 15th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **9-12**, 19**30**, to **11-15**, 19**37**

I last saw him alive on **11-14**, 19**37**. Death is said

to have occurred on the date stated above, at **5:40 A.M.**

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

**Coronary Thrombosis & large Infarct in left ventricle** Date of onset **9-12-37**

Other contributory causes of importance:

**Hypertension, Secondary infarct in kidney, no stones, Arterio-sclerosis gen. & cerebral.**

Name of operation **none** Date of

What test confirmed diagnosis? **yes** Was there an autopsy? **yes**

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? **No**

If so, specify \_\_\_\_\_

(Signed) **Harry G. Bristow**, M. D.

(Address) **Missouri Theatre Bldg.**

NOV 16 1937

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_ L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed

*Albert G. Hoff*

Licensed Embalmer No. *2971*

**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.)**