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.

REC'D MAR 24 1938

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

Do not use this space.

File No. 8177

Registered No. 306

1. PLACE OF DEATH

County St. Louis County 3 Registration District No. 96

Township Primary Registration District No.

City Jefferson Barracks (No. Veterans Facilty St. Ward)

2. FULL NAME Cyrus C. WHITE 300

(a) Residence, No. 424 Thrift Ave., St., Ward. St. Louis County, Mo.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unkn. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 1, 1888

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
49	7	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook

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

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) Dayton, Ohio. f

FATHER

13. NAME Deforest White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable f

MOTHER

15. MAIDEN NAME Unavailable G

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable f

17. INFORMANT (ADDRESS) Clinical Clerk VAF Jeff Bks., Mo. M. Schulig

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE Feb. 16, 1938

19. UNDERTAKER C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway

20. FILED 2-75, 1938 R. Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 13, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 8, 1938 to Feb. 13, 1938

I last saw him alive on Feb. 13, 1938 Death is said to have occurred on the date stated above, at 3:15 Pm.

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

	Date of onset
Pneumonia, lobar, bilateral.	Unkn.

Other contributory causes of importance: 105

None.

Name of operation None. 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? 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

(Signed) C. W. Hughes, M. D., Ch. Med. Off. M. D.
(Address) VAF. Jefferson Barracks, Mo.

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426, hereby certify that the body recorded on the reverse side of this certificate was embalmed by Linus C. Hoffmeister. Licensed Embalmer No. 3871, working under my personal supervision.

Signed Geo. W. Hoffmeister
Licensed Embalmer No. 2426