LEG JAN 11 1939

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

41303
Do not use this space.

1. PLACE OF DEATH

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

(b) Township ..... 2 Primary Registration District No. 1008 Registered No. 10995

(c) City St. Louis (d) Street No. 5861 Waterman Ave., 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 3 GEORGE CONGOR WHITE

(a) Residence, No. 5861 Waterman Ave., St. 5
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 4, 1938

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	2	18	

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

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

FATHER
13. NAME George Congor White
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Marie Frances Krampf
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DeSoto, Missouri

17. INFORMANT (ADDRESS) Mrs. L. P. Krampf 5861 Waterman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Little Rock, Ark DATE Dec. 24, 1938

19. FUNERAL DIRECTOR (ADDRESS) Alexander & Sons. 6175 Delmar Blvd.

20. FILED DEC 22 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 4, 1938, to Dec 22, 1938
I last saw him alive on Dec 20, 1938. Death is said to have occurred on the date stated above, at 11 30 pm.
The principal cause of death and related causes of importance were as follows:

1 Thymus Lymphaticus
2 congenital heart disease
3 Tetany convulsions
4 Calcium deficiency

Date of onset

Other contributory causes of importance
5-3-4

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? ..... 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 no
(Signed) H. G. Harris, M. D.
(Address) 4660 Maryland Ave.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH 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.

50M-7-20-37 I X12004

4660 Maryland
Farris
1-30

STATEMENT BY LICENSED EMBALMER

I, J. Wm Bentley, Licensed Embalmer No. 3653

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 J. Wm Bentley

Licensed Embalmer No. 3653

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.)