

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

8181  
Do not use this space.

791  
1003

1946

APR 12 1939

1. PLACE OF DEATH

(a) County St. Louis mo. Registration District No. 1  
 (b) Township St. Louis mo. Primary Registration District No. 134 E So. Rankins  
 (c) City St. Louis mo. (d) Street No. 134 E So. Rankins 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 300 WILLIAM M. WHITE St. 18  
134 E So. RANKEYS (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 NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt-61

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Janitor  
 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) Feb. 18, 1939  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

FATHER 13. NAME Walter M. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT (ADDRESS) Mrs Callie Hilman  
134 E So Rankins

18. BURIAL, CREMATION, OR REMOVAL PLACE Hollandale, Miss DATE 3-3-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Atkins Bros  
3644 Frimney Ave

20. FILED MAR 1 1939 J. D. Bredel Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/24/39 1939

22. I HEREBY CERTIFY, That I attended deceased from 2/21/39 to 2/24/39

I last saw him alive on 2/24/39 Death is said to have occurred on the date stated above, at 10 P. m.

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

Acute retention with uremia  
Compensation  
 Date of onset Recent attack 2/23/39

Other contributory causes of importance:  
Cardiovascular renal hypertension  
 Date of onset Recent attack

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Physical findings 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 \_\_\_\_\_  
 (Signed) J. D. Bredel M. D.  
 (Address) 2748a Franklin

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Louis V. Atkins*

Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Louis V. Atkins*

Licensed Embalmer No.

*2842*

P. O. Address.....

*3644 Finne*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.