

REC'D MAY 10 1939

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

13376
Do not use this space.

791
1003

3718

1. PLACE OF DEATH
 (a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City or St. Louis, Mo. (d) Street No. City Hospital. No. 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 William White.
 (a) Residence, No. 1827 LaSalle St. 22 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 26, 1861.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 29.25

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

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) Osage Co., Mo.

FATHER
 13. NAME John White
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
 15. MAIDEN NAME Jane Tayloe
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky!

17. INFORMANT (ADDRESS) Mrs. W.J. Ehte.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rector Mo. DATE 4/22/89.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A.H. Hoppe Inc., 4700 Washington Ave.

20. FURNISHED BY J.P. Buder Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21 1939

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 8:20 P.M.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
Arteriosclerosis

Date of onset

Other contributory causes of importance:

Name of operation 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) Alfred J. Perry M.D.
 (Address) Deputy Coroner

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

APR 21 1939

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *J. G. Sullivan*.....

Licensed Embalmer No. *1122*.....

P. O. Address *St. Louis, Mo*.....

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.) *

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