

JUN 12 1939

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

16694
Do not use this space.

1. PLACE OF DEATH 791
1008

(a) County 2 Registration District No. _____
 (b) Township _____ Primary Registration District No. _____
 (c) City Saint Louis (d) Street No. 2609 S. Grand Blvd. Registered No. 4228
 (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 300 Fulton S. White,

(a) Residence, No. 2609 S. Grand Blvd. St. 17 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 25, 1850

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>88</u>	<u>8</u>	<u>11</u>	

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

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) Tenn.

13. NAME Berry Wade White

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

15. MAIDEN NAME Lucy Clark,

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

17. INFORMANT Mrs. S. Shaw,
(ADDRESS) 2609 S. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Matheys Cemetery DATE May 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Craig Mortuary,
4468 Washington.

20. FILE MAY 6 1939 J. B. Braden Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 6, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan, 1939, to May 5, 1939
 First saw him alive on May 3, 1939. Death is said to have occurred on the date stated above, at 8:15 a.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Int. Nephritis
Chronic Myocard
 Date of onset 1938

Other contributory causes of importance:
Arteriosclerosis

Name of operation None Date of _____
 What test confirmed diagnosis? Coag. 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? No
 If so, specify No. 1. Anger M. D.
 (Signed) N. H. Anger
 (Address) 3103 Arsenal St

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.

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

Philip M. Lewis

Licensed Embalmer No. *3281*

P. O. Address *4468 Washington*

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.