

WED JUN 8 1939

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

19726
Do not use this space.

1. PLACE OF DEATH **3**

(a) County St. Louis Registration District No. 784

(b) Township Clayton Primary Registration District No. 105 Registered No. 818

(c) City Glendale (d) Street No. # 7. So. Moreland St.

(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 Richard Morris White, Jr.

(a) Residence, No. # 720 Cleveland - Kirkwood, Mo. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug, 18 - 1938

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

8. 16.

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. Infant

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, Mo.

FATHER 13. NAME Richard M. White

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

MOTHER 15. MAIDEN NAME Lucille Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Mr. R. M. White, # 720 Cleveland, Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine Cem. DATE May 6th 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Ripton & Son, # 7233 Delmar Blvd, St. Louis

20. FILED MAY - 1939 R. K. Meyer, M.D., Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 4, 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 _____ 7 PM.

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

Accidental strangulation, due to bed clothing, (string of a baby sleeping bag) 5/4/39

Date of onset

Other contributory causes of importance: 18-21

Name of operation _____ Date of _____

What test confirmed diagnosis? physical signs Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 5/4/39

Where did injury occur? Glendale, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. HOME

Manner of injury Neck caught in string

Nature of injury strangulation

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____ (Signed) John O'Connell M. D.

Corner of St. Louis County, Mo.

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~~.....

Clarence H. Murray....., Registered Apprentice No.....
working under my personal supervision.

Signed *Clarence H. Murray*
Licensed Embalmer No. *4011*
P. O. Address *St. Louis*

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.