

REC'D SEP 14 1939 791

Registration District No. 1008

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County St. Louis Mo.
- (b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)
- (c) Name of hospital or institution: (Home) 2646 A. Lasalle St.  
(If not in hospital or institution, write street number or location)
- (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)
- In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT  
FULL NAMEZola White

8. (c) Social Security

name war. ---

No. ---

4. Sex Female5. Color or  
race Negro6. (a) Single, widowed, married,  
divorced Married

6. (b) Name of husband or wife

Charlie White

6. (c) Age of husband or wife if

alive 59 years

7. Birth date of deceased

unknown

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

About 58

hr.

min.

9. Birthplace

Atlanta Ga.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name

Unknown

13. Birthplace

N

(City, town, or county)

(State or foreign country)

14. Maiden name

Zola Elder

15. Birthplace

Atlanta Ga.

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature

Charlie White

(b) Address

2646 A. Lasalle St17. (a) Washington Park

(b) Date thereof

Aug. 26, 1939

(Burial, cremation, or removal)

(Month) (Day) (Year)

(c) Place: burial or cremation

Wright's Funeral Home.

18. (a) Signature of funeral director

3100 Easton Ave

(b) Address

19. Aug 24 1939

(b)

(Date received local registrar)

(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County \_\_\_\_\_
- (c) City or town S. T. Louis 22  
(If outside city or town limits, write "RURAL")
- (d) Street No. 2846<sup>a</sup> Lasalle  
(If rural, give location)
- (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 20  
year 1939 hour 3 minute A.M.

21. I hereby certify that I attended the decedent from

May 15, 1939, to Aug 20, 1939  
that I last saw her alive on Aug 19<sup>th</sup>, 1939  
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations noOf autopsy no

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_
- (b) Date of occurrence \_\_\_\_\_
- (c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)
- (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. F. Breda (M. D. or other)Address 2646<sup>a</sup> Lasalle Date signed 8-21-39

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 me

Chas. Garnie, Registered Apprentice No. 2349  
working under my personal supervision.

Signed Chas. Garnie

Licensed Embalmer No. 2349

P. O. Address \_\_\_\_\_

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.