

SEP 14 1938 791
1003

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 7501

1. PLACE OF DEATH: (a) County St. Lo (b) City or town St. Louis (c) Name of hospital or institution: Lutheran Hospital (d) Length of stay: In hospital or institution ONE week In this community life

2. USUAL RESIDENCE OF DECEASED: (a) State Missouri (b) County St. Louis (c) City or town LeMay (d) Street No. Oakwood Acres (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Calvin J. White (b) If veteran, name war X (c) Social Security No. X

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 28 year 1938 hour 19 minute 40 M.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married 6. (b) Name of husband or wife Pauline 6. (c) Age of husband or wife if alive 54 years 7. Birth date of deceased December 24 1869

21. I hereby certify that I attended the deceased from August 28 1938, to August 28 1938; that I last saw him alive on August 28 1938; and that death occurred on the date and year stated above. Immediate cause of death Apoplexy - Chronic Hypertension Duration _____

8. AGE: Years 69 Months 8 Days 4 If less than one day _____ hr. _____ min.

Due to Pneumonia
Due to Hypostasis unspecified

9. Birthplace Columbia, Tennessee (City, town, or county) (State or foreign country)
10. Usual occupation Retired police officer

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations 930 Of autopsy _____

MOTHER FATHER { 12. Name Fountain Pitts 13. Birthplace Columbia Tennessee 14. Maiden name Bland 15. Birthplace Columbia Tennessee

PHYSICIAN _____ Underline the cause to which death should be charged statistically
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? _____ (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant's own signature Grace Barber (b) Address 5220 Kernmore Ave Chicago 17. (a) entombment _____ (b) Date thereof 8/31/38 (c) Place: burial or cremation Oak Grove Mausoleum 18. (a) Signature of funeral director John J. Zegenher & Sons (b) Address 7027 Gravois 19. (a) AUG 30 1938 (b) J. F. [Signature]

(Specify type of place) _____ (e) Means of injury _____
23. Signature D. H. Hudson (M. D. _____) Address 3115 L. Grand Date signed 8/30/38

MARGIN RESERVED FOR BINDING
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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 E. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 6937^a Illinois

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.