DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8719

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2202

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G Phillips (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days) In this community 10 Months.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St Louis (If outside city or town limits, write "RURAL") 24

(d) Street No. 2715 Washington (If rural, give location)

(e) If foreign born, how long in U. S. A.? U.S.A. years.

3. (a) PRINT FULL NAME Raymond White

3. (b) If veteran, name war X XXXX

3. (c) Social Security No. XXXX

4. Sex Male

5. Color or race col

6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife XXX XXX

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April (Month) 27th (Day) 1939. (Year)

8. AGE: Years XXX Months 10 Days 3 If less than one day hr. min.

9. Birthplace St Louis, (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation none Infant,

11. Industry or business XXXX

FATHER
12. Name John White,
13. Birthplace (City, town, or county) Mississippi. (State or foreign country)

MOTHER
14. Maiden name Alberta White,
15. Birthplace Frys Point, (City, town, or county) Miss! (State or foreign country)

16. (a) Informant's own signature Alberta White
(b) Address 2715 Washington Ave, St Louis,

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/40. (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem

18. (a) Signature of funeral director Jordon Funhome
(b) Address 2807, Thomas, St,

19. (a) MAR 5 1940 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1 year 1940 hour 2:45 minute P M.

21. I hereby certify that I attended the deceased from February 28, 1940, to March 1, 1940; that I last saw him alive on March 1, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia secondary to inanition	9 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

10/a

Major findings:
Of operations
Of autopsy

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? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature G. E. Peace (M. D. or other)
Address 2601 N Whittier Date signed

(Licensed Embalmer's Statement on Reverse Side)

3/4/40

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.

Rev. 5-17-39 I X19511

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

Signed [illegible]

Licensed Embalmer No. 2266

P. O. Address 812. Thomas S

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.