

No. 2
H. 10-30
I. X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 26877
Registrar's No. 6773

SEP 25 1940 791
Registration District No.

Primary Registration District 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: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 27yrs. 6mo. 3day
In this community 70yrs. 8mo. 17days. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County 13
(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")
(d) Street No. 504 S. Broadway
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME JAMES F. WHITE 300

3. (b) If veteran, name war No 8. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Single 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov. 23, 1869
(Month) (Day) (Year)

8. AGE: Years 70 Months 8 Days 17 If less than one day hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business Laborer

12. Name James White

13. Birthplace Unknown Ireland 5
(City, town, or county) (State or foreign country)

14. Maiden name Johanna O'Rourke

15. Birthplace Unknown Ireland 5
(City, town, or county) (State or foreign country)

16. (a) Informant Peter Todd

(b) Address 400 Grand St

17. (a) Burial (b) Date thereof AUG 10 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schum

(b) Address 312 1/2 Lafayette Ave

19. (a) AUG 8 1940 (b) J. E. Breda
(Date received local registrar) (Registrar's signature)

(Date received local registrar)

(Registrar's signature)

(Date received local registrar)

(Registrar's signature)

(Date received local registrar)

(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1940 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 7-1-40 19 to 8-9-40 19
that I last saw him alive on 8-9-40 19
and that death occurred on the date and hour stated above.

Immediate cause of death

Cancer of Esophagus
Due to (onset 7-1-40 X)

Bilateral Cataracts
Due to (onset 7-1-40 X)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No

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

Signature J. E. Eidelman M.D. (M. D. or other)

Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Joe B. Volmer

Licensed Embalmer No. 4014

P. O. Address 3125 Lafayette Ave.

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.