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10-39  
7-39  
K21492

Registration District No. 791

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

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

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

1. PLACE OF DEATH:

(a) County St. Louis

(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 Phillip Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One Hour  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME Sidney White

8. (b) If veteran, name war World War

8. (c) Social Security No. NONE

4. Sex Male

5. Color or race Col.

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

6. (b) Name of husband or wife Jenna

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

7. Birth date of deceased July 18 1895  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>45</u>	<u>2</u>	<u>15</u>	hr. _____ min.

9. Birthplace Akonona Mississippi  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business None

MOTHER { 12. Name Jerry White

FATHER { 13. Birthplace Delhi Louisiana  
(City, town, or county) (State or foreign country)

MOTHER { 14. Maiden name Francis Hodges

FATHER { 15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Jessie White

(b) Address 2917 Taylor

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 10/7/40  
(Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Bennie Love

(b) Address 3103 Washington Blvd.

19. (a) OCT 7 1940  
(Date received local registrar)

(b) J. J. [Signature]  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

(c) City or town St. Louis 22  
(If outside city or town limits, write "RURAL")

(d) Street No. 2845 Clark Ave.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 3rd  
year 1940 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death

Ischemic Heart Disease  
Cardiac Hypertrophy

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 34

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

Means of injury 5

23. Signature W. H. Perry (M. D. or other) 5

Address 2917 Taylor Date signed 10/7/40

**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  \_\_\_\_\_

Licensed Embalmer No. 3962

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

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**