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UNFILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1003

State File No. 8823
Registrar's No. 2233

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Missouri Baptist Hospital
(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 NAME William White

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife Ethel White 6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased March 12, 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
34 11 27 hr. min.

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

10. Usual occupation Garage Owner

11. Industry or business _____

12. Name Sam H. White

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Alice Deason

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Ethel White

(b) Address 3955 Castleman

17. (a) Removal (b) Date thereof 3/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hopkinsville, Ky.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) MAR 19 1941 (b) J. W. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00017
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3935 Castleman
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1941 hour 1.00 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 3/4
1941, to 3/9, 1941;
that I last saw him alive on 3/9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute meningitis 3 day
(non-epidemic)
Due to Bronchial Pneumonia 2 day
Due to Influenza 30
Other conditions 30
(Include pregnancy within 3 months of death) 30

Major findings: none
Of operations 1
Of autopsy Acute meningitis
Purulent Bronchitis

Duration
3 day
2 day
30
30
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) none
(b) Date of occurrence _____
(c) Where did injury occur? none
(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 Oreston C. Kell (M. D. or other) _____
Address 3905 Lafayette Date signed 3/10/41

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

MOTHER FATHER

AUG 22 1941

3902 Lafayette

NOV 7 1946

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.....

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, fact should be so stated above.