

No. 2
1-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40234

LED JAN 24 1942/91

State File No. _____
Registrar's No. 9968

Registration District No. _____ Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis

(c) Name of hospital or institution: City Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 9 hours
(Specify whether years, months or days)

In this community 12 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23

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

(d) Street No. 1718 So. 12th Street
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Harrison White

3. (b) If veteran, name war No

3. (c) Social Security No. 494-05-2500

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Lois

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: Sept. 29, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

37 2 16 hr. min.

9. Birthplace Madison Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Electrician

11. Industry or business Monsanto Chem. Co.

12. Name Henry White

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

14. Maiden name Mary Faust

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

16. (a) Informant Mrs. Lois White

(b) Address 1718 So. 12th St

17. (a) Burial (b) Date thereof 12/17/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director R. W. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) DEC 30 1941 (b) J. F. Bedeck
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1941 hour 12 minute 30 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: Pneumococci Meningitis.
Otitis Media.

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy: _____

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 Thomas J. Callinan (M. D. or other) _____
Deputy Coroner Date signed 12/16/41

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.

Signature *R.P. Cooper*
Licensed Embalmer No. *3633*
P. O. Address *2317 Lafayette*

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.