V. S. No. 2
OM—9-4-41
Rev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

22350

State File No. .....

Registration District No. 101 Primary Registration District No. 101 Registrar's No. 1445

96
2
3

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis Co. Hosp. O
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL")

(d) Street No. 451 Magnolia Ave. 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Chas. B. White

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

3. (c) Social Security No. .....

4. Sex M O

5. Color or race Wh

6. (a) Single, widowed, married, divorced Wid. S.

6. (b) Name of husband or wife Rosella White. (Dec)

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

7. Birth date of deceased Aug (Month) 22 (Day) 1855 (Year)

8. AGE: Years 86 Months 8 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Nil

11. Industry or business .....

FATHER
12. Name ~~Chas. B.~~ RICHARD White
13. Birthplace New York 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Mannus
15. Birthplace Tenn. 1 (City, town, or county) (State or foreign country)

16. (a) Informant Julia J. White Reifstick
(b) Address 451 Magnolia, Kirkwood

17. (a) Park Hill Cemetery (Burial, cremation, or removal) Date thereof 7/6/42 (Month) (Day) (Year)
(c) Place: burial or cremation Musial

18. (a) Signature of funeral director Louis H. Bopp, Inc.
(b) Address Kirkwood

19. (a) JUL 4 - 1942 (Date received local registrar) (b) C. G. McHarry Jr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 3 year 1942 hour 4 minute 30 P.M.

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

Immediate cause of death	Duration
Cardiac Failure	4 wks
Due to Arteriosclerosis	
Heart Disease	15 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death) 93	

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? .....
While at work ..... (Specify type of place) (e) Means of injury .....

23. Signature John G. Matthew (M. D. or other)
Address St. Louis Co. Hosp. Date signed 7/5/42

(Licensed Embalmer's Statement on Reverse Side)

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 John M. Meyer

Licensed Embalmer No. 3288

P. O. Address Kirkwood, Mo.

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.