

S. No. 2  
DM-5-42  
v. 5-17-39  
I X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
1003

29291

State File No. ....

FILED SEP 18 1948

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 7433

1. PLACE OF DEATH:  
(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis City Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 Days  
(Specify whether  
In this community Unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 008  
(c) City or town St. Louis 11-7  
(If outside city or town limits, write "RURAL") 7  
(d) Street No. 3702 Evans Ave.  
(If rural, give location) 0  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME William Frank White  
3. (b) If veteran, name war No  
3. (c) Social Security No. 488-12-9534

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September Day 4,  
year 1942 hour 4:50 minute A. M.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Gertrude White 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased May 5 1865  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from September 1, 1942 to September 4, 1942;  
that I last saw him alive on September 4, 1942;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
77 3 30 29 hr. min.

Immediate cause of death  
Cerebral Hemorrhage, probably intracerebral  
Due to Hypertension  
Due to Arteriosclerosis  
Other conditions Lab. Syphilis  
(Include pregnancy within 3 months of death)

9. Birthplace Quincy Illinois  
(City, town, or county) (State or foreign country)  
10. Usual occupation Machinist  
11. Industry or business Landis Machine Co.

PHYSICIAN  
Major findings:  
Of operations .....  
Of autopsy Refused  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {  
12. Name David White  
13. Birthplace Edenberg Scotland  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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? .....

16. (a) Informant Roy & Earl White  
(b) Address 5410 Lisette-6719 Nonnelly North Woods  
17. (a) Burial (b) Date thereof 8/9/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Hether-Becker and Co  
(b) Address 3634 Gravois Ave  
19. (a) SEP 5 1948 (b) J. F. Brudack  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (c) Means of injury  
23. Signature J. F. Brudack (M. D. or other) 9/4/42  
Address 1515 Lafayette Avenue Date signed

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.....

*Frank J. Dyland*

Licensed Embalmer No.....

*2645*

P. O. Address.....

*St Louis 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.**