

Filed OCT 28 1942
Registration District No. **318**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:
 (a) County.....
 (b) City or town **St. Louis**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
718a R. S. 4th Street,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
(Specify whether
 In this community **25 Yrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County.....
 (c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
 (d) Street No. **718a R. S. 4th St.**
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **Clara White**
 (b) If veteran, name war **No**
 (c) Social Security No. **None**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Oct** day **17**
 year **1942** hour **5** minute **30** A.M.

4. Sex **Fem.** **5. Color or race** **Col**
6. (a) Single, widowed, married, divorced **Married**
(b) Name of husband or wife **George White**
6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **Jan. 1, 1898**
(Month) (Day) (Year)

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.....
Carcinoma of left leg with metastases to pelvic organs.

8. AGE: Years **44** Months **9** Days **16**
 If less than one day
 hr. min.

Due to.....
 Due to.....
 Other conditions.....
(Include pregnancy within 3 months of death)

9. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

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

11. Industry or business.....
12. Name **Willie McKinney**
13. Birthplace **Mississippi**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **George White**
(b) Address **718a R. S. 4th St.**
17. (a) [Burial, cremation, or removal] **Burial** (b) Date thereof **10-23-42**
(Month) (Day) (Year)
(c) Place: burial or cremation **E. St. Louis Ill**

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) (c) Means of injury

18. (a) Signature of funeral director **R. M. C. Green**
(b) Address **3517 Laclade Ave.**
19. (a) [Date received local registrar] **OCT 19 1942** (b) **J. F. Budeck**
(Registrar's signature)

23. Signature **Thomas J. Callahan** (M.D. or other)
Address **Deputy Coroner** **Date signed** **10/17/42**

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

P. M. Green

Licensed Embalmer No. *1173*

P. O. Address. *3517 Seaside Ave*

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.