S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32569

FILED OCT 9 1943

Registration District No. 1943 Primary Registration District No. 2002 Registrar's No. 2258

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7125 DELMAR BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County ST. LOUIS 096
(c) City or town UNIVERSITY CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 7125 DELMAR BLVD.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME JOHN J. WHITE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex MALE O
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MATILDA A. WHITE
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased UNKNOWN (Month) (Day) 1882 (Year)

8. AGE: Years	Months	Days	If less than one day
61	UNKNOWN		hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. O (State or foreign country)
10. Usual occupation BUILDING CLEANING CONTRACTOR
11. Industry or business

FATHER
12. Name JOHN J. WHITE
13. Birthplace ST. LOUIS (City, town, or county) MO. O (State or foreign country)

MOTHER
14. Maiden name CATHERINE CLARK
15. Birthplace ST. LOUIS (City, town, or county) MO. O (State or foreign country)

16. (a) Informant MRS. MATILDA A. WHITE
(b) Address 7125 DELMAR BLVD.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEMETERY
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) OCT 7 - 1943 (Date received local registrar) (b) C. L. McGuran, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 4, year 1943 hour 1 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sep 25, 1943 to Oct 4, 1943 that I last saw him alive on Oct 2, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rupture of Cerebral Artery	1/2 hr
Due to General Arterio-Sclerosis	5 yrs?
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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

23. Signature [illegible] (M. D. or other)
Address 3720 Washington Date signed 10/5/43

707 (Licensed Embalmer's Statement on Reverse Side)

NOV 22 1943

NOV 29 1943

SEP 27 1944

SEP 25 1944

OCT 5 1944

JUN 22 1945

Orkneella
3720 Wash

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 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.