S. No. 2
DM—2-43
v. 5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6966

State File No. 0

FILED FEB 18 1946

Registration District No. 3063

Primary Registration District No. 3063

Registrar's No. 3758

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Clayton, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 26 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis 96
(c) City or town Chesterfield 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? XX (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME William H. White
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie Lidish White
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased 1-18-1868 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	23	hr. min.

9. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1
10. Usual occupation Retired Maintenance Man
11. Industry or business None
FATHER
12. Name Thomas White
13. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1
MOTHER
14. Maiden name Lucy Higsbie
15. Birthplace Unknown (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Imo Burry
(b) Address Mattoon, Illinois
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-12-46 (Month) (Day) (Year)
(c) Place: burial or cremation Neoga, Illinois
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 2-13-46 (Date received local registrar) (b) E. G. McGarvan MD (Registrar's signature) MSG

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2-11-46 day
year hour minute 8:00A M.
21. I hereby certify that I attended the deceased from Feb 9th, 1946 to 2-11-, 1946;
that I last saw him alive on 2-11-46, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to arteriosclerosis	
Due to 94a	
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 0
23. Signature Donald O. Burst (M. D. or other) M.D
Address 601 Brentwood, Clayton Date signed 2/11/46

(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 Ogonoski

Licensed Embalmer No. 2348

P. O. Address.....

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.