

S. No. 2
M-5-43
5-17-39
I X36671

State File No.

FILED MAR 30 1946
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2673

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME Thomas W. White. III

3. (b) If veteran, name war no 3. (c) Social Security No. 493-20-3043

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary White 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased AUG. 2 1883
(Month) (Day) (Year)

8. AGE: - Years 62 - Months 7 - Days 17 If less than one day
5 hr. 5 min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business

12. Name Thomas W. White, II

13. Birthplace Memphis Tenn
(City, town, or county) (State or foreign country)

14. Maiden name Marian Carpenter

15. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas W. White IV

(b) Address 5244 Westminster Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-46
(Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address 7233 Delmar Blvd.

19. (a) MAR 21 1946 (Date registered) J. F. Bruback (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis,
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 5244 Westminster Place.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1946 hour 5:55 minute A. M.

21. I hereby certify that I attended the deceased from September 1944 to March 19 1946
that I last saw him alive on March 19 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation Duration 23 hours

Due to Myocardial Infarction 23 hours

Due to Coronary Thrombosis 23 hours

Other conditions Generalized Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 95

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 David M. Skilling Jr. (M. D. or other) MD.
Address 4500 Olive Street Date signed 3-19-46

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

10718

4500 Bleivel
FO 3800
2:30 to 4.
3:30

Shane

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 Clarence H. Murray
Licensed Embalmer No. 4011
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.