

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3808**

Registration District No. **318** Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(c) Name of hospital or institution: **MO PAC HOSPITAL**
(d) Length of stay: **15 Days**
In this community **15 Days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **ST. LOUIS 96**
(c) City or town **Maplewood MO**
(d) Street No. **7346 GAYOLA**
(e) Citizen of foreign country? **NO**

3. (a) PRINT FULL NAME **White Peter EDWARD**
3. (b) If veteran, name war. **/** 3. (c) Social Security No. _____

20. DATE OF DEATH: Month **April** day **25** year **1946** hour **7** minute **35 A.M.**
21. I hereby certify that I attended the deceased from **April 10**, 19**46**, to **April 25**, 19**46**
that I last saw him alive on **April 25**, 19**46** and that death occurred on the date and hour stated above.

4. Sex **M** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **/**
6. (b) Name of husband or wife **Martha Purdue White**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **AUG 27 1865**

Immediate cause of death **Degenerative Heart Disease**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years **80** Months **7** Days **28**
If less than one day _____ hr. _____ min.

9. Birthplace **Bay City Michigan**

10. Usual occupation **Retired Railroad Clerk**

11. Industry or business **Railroad**

12. Name **Peter E. White**
13. Birthplace **Boston Mass.**
14. Maiden name **Mathilda DeMay**
15. Birthplace **Dearborn Michigan**

16. (a) Informant **Peter X. White**
(b) Address **9730 McDowell, St. Louis, Mo.**

17. (a) **Burial** (b) Date thereof **4-29-46**
(c) Place: burial or cremation **Oak Hill Cemetery**

18. (a) Signature of funeral director **Jay B. Smith**
(b) Address **7456 Manchester Ave. Maplewood, Mo.**

19. (a) **APR 26 1946** (b) **J. F. Bradeck**

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? _____
(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 **Edward D. Campbell** (M. D. or other) _____
Address **17555 Grand** Date signed _____

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

MOTHER FATHER

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 manches

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.