

FILED SEP 14 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2519

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 Missouri Baptist
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington
(c) City or town Potosi
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth M White

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 17 1921
(Month) (Day) (Year)

8. AGE: Years 25 Months 6 Days 13 If less than one day hr. _____ min. _____

9. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

12. Name John White

13. Birthplace St. Francis Co. Mo
(City, town, or county) (State or foreign country)

14. Maiden name Ada P. Raenis

15. Birthplace Washington Co. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Ada White
(b) Address Potosi Mo.

17. (a) Burial (b) Date thereof 8-31-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Potosi Mo.

18. (a) Signature of funeral director Mrs. Luther Sparks
(b) Address Potosi Mo.
19. (a) AUG 31 1946 (b) J. P. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 30
year 1946 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;

that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Salmonella Embolus

Due to Appendiceal Abscess

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations PLIP

Of autopsy _____

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 force) While at work? _____ (e) Means of injury _____

23. Signature Alfred G. ... (M. D. or other) _____
Address Dept. of Health Date signed 8/31/46

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

10
20
17
9

MOTHER FATHER

NR. 0
1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

[Handwritten mark]

Emb Josephine Cart [unclear]

AUG 31 1946

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.....

Licensed Embalmer No.....

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.