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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39225**
Registrar's No. **10069**

FILED DEC 9 1946
Registration District No. **378**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros. 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 96

(c) City or town Brentwood, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 8040 Manchester
(If rural, give location) NR

(e) Citizen of foreign country? no (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Leonard White

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lucy Carrigan

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct. 21 1876
(Month) (Day) (Year)

8. AGE: Years 70 Months 1 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Carpenter

11. Industry or business _____

12. Name Arthur White

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

14. Maiden name Elizabeth Cordry
(City, town, or county) (State or foreign country)

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

16. (a) Informant John White

(b) Address 5624 Hebert

17. (a) Burial (b) Date thereof Nov. 27, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Pater & St. Paul

18. (a) Signature of funeral director Jay B. Smith

(b) Address 7456 Manchester Ave.

19. (a) NOV 26 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 25
year 1946 hour 2 minute 30 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 Fracture of skull
Subdural Hemorrhage of Brain
when he stepped on a "log" over
the railing and it fell causing
fall & fall 12 feet to a concrete
floor where he was working
for the Bavo Plant of Anheuser
Brewing Co. around
12:35 P.M. Nov. 25 1946

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) Accident

(b) Date of occurrence Nov. 25 1946

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? Work

While at work? _____ Means of injury as above

23. Signature Alfred Perry (M. D. or other) 3

Address _____ Date signed 11/26/46

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 7816 Mauchess

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.