U. S. No. 2
10M—5-43
Rev. 5-17-39
No. I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36401
State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9726

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1442 N. 22nd Street
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1442 N. 22nd Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John White

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

4. Sex Male 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Luna Mae White
6. (c) Age of husband or wife if alive Abt. 25 years
7. Birth date of deceased August (Month) 28 (Day) 1927 (Year)

8. AGE: Years 20 Months Days 28 If less than one day hr. min.

9. Birthplace Clarksdale, Mississippi
(City, town, or county) (State or foreign country)
10. Usual occupation Unknown
11. Industry or business --

FATHER
12. Name Ed. White
13. Birthplace Unknown, Mississippi
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Kizzie Lee
15. Birthplace Clarksdale, Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Mallett
(b) Address 1438a N. 22nd Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery
18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue
19. (a) OCT 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1947 hour 7:35 minute A. M.

21. I hereby certify that I attended the deceased from
, 19, to, 19;
that I last saw h alive on, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Bullet wound of skull and Brain inflicted with gun in the hands of one Lueceiolus Williams, Duration
Due to Col. in the home, 1442 N. 22nd Street around 7:35 A.M. Oct. 16
Due to 1947. HOMICIDE.

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) homicide
(b) Date of occurrence Oct. 16th. 1947.
(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? home. (Specify type of place)
While at work?
(e) Means of injury 2
Signature Thomas J. Callanan (M. D. or other)
Address 1300 Clark Avenue Date signed 10-20-47

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.