

No. 2
12-45
-17-39
X47070

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **427A7**

FILED JAN 7 1948

Registration District No. **365**

Primary Registration District No. **1604Y**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harvey Lester White, Jr.

3. (b) If veteran, name war Yes-W.W.2 **3. (c) Social Security** No. _____

4. Sex Male **5. Color or race** white

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

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

7. Birth date of deceased March 20th 1923
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
24	9	8	hr. min.

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

10. Usual occupation Student

11. Industry or business Harvey Lester White, Sr.

12. Name _____

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

14. Maiden name Edith Wall

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

16. (a) Informant Harvey L. White, Sr.

(b) Address 750 Yale, University City

17. (a) (Burial, cremation, or removal) Cremation **(b) Date thereof** Dec. 30, 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 12/28/47 **(b)** Mrs. Jess Lewis
(Date received from registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles

(c) City or town Rural
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28th
year 1947 hour 12 minute 15 M.

21. I hereby certify that I attended the deceased from Dec. 28 held inquest
_____ 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 Crushed chest

Due to automobile accident

Due to Car turning over (one car involved)

Other conditions: _____
(include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy None

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec. 28th, 1947

(c) Where did injury occur? Hwy. 61 St. Chas. Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place) car accident
(e) Means of injury

23. Signature Walter M. ... (of officer)

Address Wentzville Mo **Date signed** 12-28

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

92
0
0
0

72

47

JAN 20 1948

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1/6/48

JAN 12 1948

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 *Morris Markham*

Licensed Embalmer No. *2469*

P. O. Address *Wentzville, 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.