

No. 2  
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5-17-39  
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FILED JAN 9 1948

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **11698**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

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

(c) Name of hospital or institution:  
2609 S. Grand Blvd. /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 2609 S. Grand Blvd.  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John L. White

3. (b) If veteran, name war NO

3. (c) Social Security No. --

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Sophie White

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

7. Birth date of deceased Sept. 29, 1876  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
year 1947 hour 4 minute 00 P.M.

21. I hereby certify that I attended the deceased from Apr. 1946  
19 Dec. 21 19 47  
that I last saw him alive on Dec 21 19 47  
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>71</u>	<u>2</u>	<u>22</u>	hr. _____ min. _____

Immediate cause of death Cerebral hemorrhage 2 hrs.

Due to Arteriosclerosis

9. Birthplace London England  
(City, town, or county) (State or foreign country)

10. Usual occupation Cook.

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 83

MOTHER FATHER

12. Name Thomas White

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

14. Maiden name NOT KNOWN

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

PHYSICIAN

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Myrtle Azebel,

(b) Address 2609 S. Grand Blvd.

17. (a) Burial (b) Date thereof 12/24/47.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mathews Cemetery

18. (a) Signature of funeral director Craig Mortuary  
4468 Washington -8-

(b) Address \_\_\_\_\_

19. (a) DEC 23 1947 (b) J. F. Brebeck  
(Date received local registrar) (Registrar's signature)

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

(c) 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(a) Means of injury \_\_\_\_\_

23. Signature Edward Kellring (M. D. or other) MD

Address 5903 Olive Date signed 12-22-47

St. Louis Mo

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

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**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. ~~63281~~ 63281 Louis -8-

P. O. Address Saint Louis -8-

**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.**