

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18149

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

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **4509**

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

1. PLACE OF DEATH:

(a) County **St. Louis**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **St. John's Hospital**  
(If not in hospital or institution, write street number or location) **0**  
(d) Length of stay: In hospital or institution **3 days**  
In this community **Texas** (Specify whether years, months or days)

3: (a) PRINT FULL NAME **Theodore B. White**

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

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

6. (b) Name of husband or wife **Florence White** 6. (c) Age of husband or wife if alive **50** years

7. Birth date of deceased **Feb. 28th., 1894**  
(Month) (Day) (Year)

8. AGE: Years **54** Months **2** Days **16** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Texas** (City, town, or county) (State or foreign country)

10. Usual occupation **Adv. Rep.**

11. Industry or business **Edward White**

12. Name **Edward White**

13. Birthplace **Canada** (State or foreign country)

14. Maiden name **Eugenia Darr** (City, town, or county) (State or foreign country)

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

16. (a) Informant **Mrs. Florence White**

(b) Address **4961 Laclede Ave.**

17. (a) **Burial** (b) Date thereof **5-17-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindell Blvd**

19. (a) **MAY 14 1948** (b) **J. J. Bredet**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **000**  
(c) City or town **St. Louis**  
(d) Street No. **4961 Laclede Ave.** (If outside city or town limits, write "RURAL") **17**  
(If rural, give location) **9**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) **0**  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **14th.**, year **1948** hour **8** minute **30** a. m.

21. I hereby certify that I attended the deceased from **Nov 24**, 19**47**, to **May 14**, 19**48**.  
that I last saw him alive on **May 11**, 19**48**, and that death occurred on the date and hour stated above.

Immediate cause of death **Congestive heart failure** Duration **1 mo**  
Due to **Chronic Valvular Heart Disease** **2**

Other conditions **Interstitial Nephritis Terminal Emphysema, chronic**  
(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) \_\_\_\_\_  
(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) (c) Means of injury \_\_\_\_\_

23. Signature **Alphonse McMahon** (M. D. or other) **M.D.**  
Address **6134 No. Grand Blvd** Date signed **5/14/48**

634 No. Marshall  
1-4 pm

**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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Fendell

**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.**