

No. 300  
-10-47  
5-17-39  
I 3906

FILED SEP 13 1948  
318  
Registration District No.

100's  
Primary Registration District No.

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 hours  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5328 Delmar Blvd. 9  
(If rural, give location)  
(e) Citizen of foreign country? 12 0  
(Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Laura A. White  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 26th.  
year 1948 hour 10 minute 45 p. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced D. 5  
6. (b) Name of husband or wife Richard H. White 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Oct. 27th., 1888  
(Month) (Day) (Year)

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.  
Immediate cause of death Edema of brain Duration \_\_\_\_\_  
Diabetic Coma

8. AGE: Years Months Days If less than one day  
59 9 29 hr. 0 min.

Due to \_\_\_\_\_  
Due to Wt  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name William S. Hill  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth P. Purdy  
15. Birthplace Md.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Richard H. White  
(b) Address #3 Willow Hill Road

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? \_\_\_\_\_

17. (a) Burial (b) Date thereof 8-28-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine  
18. (a) Signature of funeral director Arthur J. Bonnelly  
(b) Address 3840 Lindely Blvd.  
19. (a) AUG 27 1948 (b) J. J. Bredek  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 12  
23. Signature Thomas J. Callahan (Other) \_\_\_\_\_  
Address Coroner Date signed Aug 24 48

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

MOTHER FATHER

MAR 5

1968

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 W. Van Matra

Licensed Embalmer No. 2825

P. O. Address. 4340 Lafayette

**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.**