

No. 300  
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FEDERAL BUREAU OF INVESTIGATION  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

35021

FILED OCT 23 1948

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

Registration District No. 397

Primary Registration District No. 3070

Registrar's No. 2300

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

1. PLACE OF DEATH:

(a) County ST Louis  
(b) City or town WEBSTER GROVES  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
204 E Kirkham  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 2 years 6 months  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 204 E. KIRKHAM  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MARY ELIZABETH WHITE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 8  
year 1948 hour 12:30 AM minute 30 M.  
21. I hereby certify that I attended the deceased from 8 Oct  
8, 1948, to 8 Oct, 1948,  
that I last saw her alive on Oct 8, 1948,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
A cirt Coronary Occlusion  
Due to \_\_\_\_\_  
Due to 940  
Other conditions none  
(Include pregnancy within 3 months of death)

Duration  
one day 10:20

Major findings:  
Of operations none  
Of autopsy none  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

4. Sex F

5. Color or race Col

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

6. (b) Name of husband or wife JOHN WHITE

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

7. Birth date of deceased MAY 13 1858  
(Month) (Day) (Year)

8. AGE: Years 90 Months 15 Days 24  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace ST GENEVE MO  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

MOTHER FATHER

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

12. Name ANTOINETTE CAVALIER

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

14. Maiden name JULIAN RICCARD

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

16. (a) Informant JAMES WHITE

(b) Address 204 E KIRKHAM

17. (a) BURIAL (b) Date thereof 10-11-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: St Geneve Mo

18. (a) Signature of funeral director Jessie Lewis  
(b) Address 22 E. 4th Ave  
19. (a) 10-20-48 (b) Webster Groves, Mo  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0  
23. Signature James D. Alford (M. D. or other) \_\_\_\_\_  
Address 177 E. Kirkham Date signed 10-8-48  
Webster Groves

ofes 010

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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 *A. D. F. Charles*.....

Licensed Embalmer No. *2928*.....

P. O. Address *2625 Glasgow*.....

**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.**