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MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED DEC 14 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
St. Louis City Hospital—Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 28 days
(Specify whether)

In this community 15 years
years, months or days

3. (a) PRINT FULL NAME WALTER WHITE

3. (b) If veteran, name war ---

3. (c) Social Security No. OAA

4. Sex white race male

5. Color or race _____

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased August 7th ?
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 74 hr. min.

9. Birthplace Unknown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation O.A.A.

11. Industry or business _____

MOTHER FATHER { 12. Name John White

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

14. Maiden name Marcia Valding

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

16. (a) Informant Clifford Simer

(b) Address 2018 Roosevelt, San Antonio, Texas

17. (a) burial (b) Date thereof 12-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Hope Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Av.

19. (a) DEC 4 1948 (b) J.B. Lester
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 715 Walnut St., Annex Hotel
Memorial (If rural, give location)

(e) Citizen of foreign country? 25 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2nd
year 1948 hour 6 minute 28 P M.

21. I hereby certify that I attended the deceased from 10/13/48
to Dec. 2nd, 1948
and that death occurred on the date and hour stated above.
That I last saw him alive on Dec. 2nd, 1948

Immediate cause of death _____
Epidermoid Ca of Buccal Mucosa
Due to E Metastasis

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

Major findings: 53
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? J.J. McLaughlin
(Specify type of place) (a) Means of injury (b) Other

23. Signature J.J. McLaughlin Date signed 12/2/48
Address 1645 Lafayette

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..... *O. W. Cooper*

Licensed Embalmer No. *3830*

P. O. Address *2301 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.