

FILED APR 23 1949

# STANDARD CERTIFICATE OF DEATH

State File No. 14501  
Registrar's No. 6347

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) (If LENGTH OF STAY (in this place) <u>St. Louis 8149</u> <u>6 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u> <u>2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Miller Nursing Home</u> <u>4</u>		d. STREET ADDRESS (If rural, give location) <u>11 Waverton Drive</u> <u>3</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Stella</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 13-1949</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Nov 18-1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 6 MRS. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (State or foreign country) <u>St. Charles, Missouri</u> <u>C</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Randolph</u>	13b. MOTHER'S MAIDEN NAME <u>Charity Field</u>	14. NAME OF HUSBAND OR WIFE <u>Jewell White, dec'd</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NIL</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. L. E. Blattner-Clayton</u>	ADDRESS <u>17, Mo</u>
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19. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Heart and Kidney Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 Mo.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>142 XI</u>		
	DUE TO (c) <u>131a</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Arteriosclerosis</u>			<u>6 Mo.</u>

19a. DATE OF OPERATION <u>NO</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Feb. 14th 1949, to Mar. 13th 1949, that I last saw the deceased alive on Mar. 11, 1949, and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Matheus M.D.</u>	(Degree or title)	23b. ADDRESS <u>3608 S. Grand Blvd.</u>	23c. DATE SIGNED <u>3/15/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>March 15-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-15-49</u>	REGISTRAR'S SIGNATURE <u>Heinrich L...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. D. Wallmeyer &amp; Sons Co</u>	ADDRESS <u>800 N. 2nd St. St. Charles, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed Herbert C. Dallmeyer

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 45046

P. O. Address St. Charles, Mo

**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.