

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21852

318

1003

State File No. 53305
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE _____ b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>11-27-48/6-20-49</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		17 9 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Infirmiry Hospital.</u>				e. STREET ADDRESS (If rural, give location) <u>723 Aubert</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ulysses</u> b. (Middle) <u>L. White</u> c. (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-20-1949</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Color.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>June 10, 1850</u>		
9. AGE (In years last birthday) <u>99</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>10</u>		IF UNDER 1 YEAR Hours <u>1</u> Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Boone County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Ball, 723 A ubert</u>				
18. 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Arterio sclerosis Heart Disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio-sclerotic Nephrosclerosis</u> DUE TO (c) <u>generalized Arterio-sclerosis</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Arterio sclerosis</u>						
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH <u>5(?) years</u> <u>5(?) years</u> <u>many years</u> <u>5 years</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
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) <u>1310</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Slip</u>				
22. I hereby certify that I attended the deceased from <u>Mar 23, 1948</u> , to <u>6-20</u> , 1949, that I last saw the deceased alive on <u>6-20</u> , 1949, and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clara S. Krog M.D.</u>				23b. ADDRESS <u>5600 Arsenal St St Louis</u>		23c. DATE SIGNED <u>June 20 1949</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale</u>		24d. LOCATION (City, town, or county) (State) <u>L. Mary, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>JUN 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Jasster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>K. B. Koonce 1221 N. Grand</u>				

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

12-5-234

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 *Joseph E. Cooper*

Signed.....
Student Embalmer

Licensed Embalmer No. 4600

P. O. Address 1221 E. Grand

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.