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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 17 1949

State File No. 28949

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 60076 Registrar's No. 1942

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson Barracks, Mo.
c. LENGTH OF STAY (in this place): 226 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vet. Adm. Hospital 0

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Wright 999
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mansfield 114
d. STREET ADDRESS (If rural, give location): None 2

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Harden
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): August 10, 1949

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 5
8. DATE OF BIRTH: 8-19-1888
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter
10b. KIND OF BUSINESS OR INDUSTRY: _____
11. BIRTHPLACE (State or foreign country): Mansfield, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Samuel S. White
13b. MOTHER'S MAIDEN NAME: Icophene Rippee
14. NAME OF HUSBAND OR WIFE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World-War I
16. SOCIAL SECURITY NO.: 500 05 7172
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Eugene F. Nolan, Registrar, Vet. Adm. Hosp. Jeff. Brks. Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA OF TONSIL — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 14.5X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 27, 1948, *to* Aug. 10, 1949, *that I last saw the deceased alive on* Aug. 10, 1949, *and that death occurred at* 10:10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L.E. Stilwell, M.D. Chf. Prof. Services
23b. ADDRESS: Vet. Adm. Hosp. Jeff. Brks. Mo.
23c. DATE SIGNED: 8/11/49

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: Aug-11-49
24c. NAME OF CEMETERY OR CREMATORY: MANSFIELD Mo
24d. LOCATION (City, town, or county) (State): MANSFIELD Mo

DATE REC'D BY LOCAL REG.: 8-11-49
REGISTRAR'S SIGNATURE: Gentlemen R. Hamke/dm
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C. Hoffmeister U&L Co. St. Louis, Mo. 7814 S. Broadway

(Licensed Embalmer's Statement on Reverse Side)

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

a1L

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.

Student .....
Student Embalmer

Signed Harry Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 Broadway

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.