

FILED JAN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43314

State File No.

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>04800</u>			
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> COUNTY <u>St. Louis</u>					
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) <u>28 mo.</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) <u>28 mo.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Sanitarium</u>				d. STREET ADDRESS (If rural, give location) <u>7300 St. Charles Rock Rd.</u>					
3. NAME OF DECEASED a. (First) <u>Elizabeth</u>			b. (Middle) _____		c. (Last) <u>White</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 25, 1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>About 1873</u>		9. AGE (In years last birthday) <u>76</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>John White</u>			13b. MOTHER'S MAIDEN NAME <u>Catherine (UNKNOWN)</u>			14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Sister Mary Vincent</u>				ADDRESS <u>7300 St. Charles Rock Rd.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Broncho-pneumonia, terminal</u>						<u>24 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, generalized</u>						<u>+ 5 yrs</u>	
		DUE TO (c) <u>Senility</u>						<u>+ 5 yrs</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Schizophrenia, deteriorated</u>						<u>50 yrs.</u>	
		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>450.0</u>		YES <input type="checkbox"/> NO <input checked="" 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) _____		21d. (STATE) <u>4500</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? _____					
22. I hereby certify that I attended the deceased from <u>Jan 2, 1948</u> , to <u>Dec. 25, 1949</u> , that I last saw the deceased alive on <u>Dec. 25, 1949</u> , and that death occurred at <u>8:00 a. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>JR Bauer M.D.</u>			(Degree or title) _____			23b. ADDRESS <u>7300 St. Charles Rock Rd.</u>		23c. DATE SIGNED <u>12/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>12/29/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>			
DATE REC'D BY LOCAL REG. <u>12-28-49</u>		REGISTRAR'S SIGNATURE <u>Herbert L. Landon M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Callen & Kelly</u>		ADDRESS <u>7207 NATURAL BRIDGE</u>		

(Licensed Embalmer's Signature on Reverse Side)

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 James A. Lammers

Signed.....
Student Embalmer

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.