

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39173
Registrar's No. 10019

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1542 Switzer Avenue		d. STREET ADDRESS (If rural, give location) 1542 Switzer Avenue	

3. NAME OF DECEASED (Type or Print) Marilyn Jean White			4. DATE OF DEATH (Month) (Day) (Year) Nov. 24th, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 14th, 1936	9. AGE (In years last birthday) 14	IF UNDER 1 YEAR Months 4 Days 14
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Beaumont High School		11. BIRTHPLACE (State or foreign country) Saint Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Robert W. White		13b. MOTHER'S MAIDEN NAME Ida Middendorf		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Robert W. White, 1542 Switzer Avenue	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 7 hrs	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brown tumor type carcinoma		DUE TO (b) Pneumonia			24 hrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)				

19a. DATE OF OPERATION 2-24-50		19b. MAJOR FINDINGS OF OPERATION Brown tumor - Malignant		20. AUTOPSY? 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) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 193X	

22. I hereby certify that I attended the deceased from **10-21-50** to **11-24-50**, that I last saw the deceased alive on **11-24-50**, and that death occurred at **9:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Henry J. Woller MD		23b. ADDRESS 3720 Washington St. Louis		23c. DATE SIGNED 11/25/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11/27/50		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz, 4828 Natural Bridge Blvd.			

DATE REC'D BY LOCAL REG. **NOV 25 1950** REGISTRAR'S SIGNATURE **Joe B. Pascoe**

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

3720 Washington Ave
Bethesda 10 + 12⁰⁰

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....

Ralph C. Linder

Signed.....

Student Embalmer

Licensed Embalmer No. *4275*

P. O. Address *St. Louis, 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.