

No. 300  
10-48

FILED MAY 19 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18894

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2176

1. PLACE OF DEATH a. COUNTY <b>Maplewood St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>		c. LENGTH OF STAY (In this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Maplewood</b>		4.524
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>7629a Manchester Avenue</b>			d. STREET ADDRESS (If rural, give location) <b>7629A Manchester Avenue</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Isabelle</b> b. (Middle) <b>M.</b> c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 12 1951</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Jan. 16, 1883</b>	9. AGE (In years last birthday) <b>68</b>	# WEEKS : Days <b>3   27</b>	# HOURS : Min. <b> </b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>—</b>	11. BIRTHPLACE (State or foreign country) <b>Quebec, Canada</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Donald A. McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Annie Gillis</b>		14. NAME OF HUSBAND OR WIFE <b>Harry G. White</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>—</b>	16. SOCIAL SECURITY NO. <b>—</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Harry White - 7629A Manchester</b>			
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerosis</b> DUE TO (c) <b>Ch. Cholecystitis</b>				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <b>—</b>	19b. MAJOR FINDINGS OF OPERATION <b>—</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>—</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>— — —</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>—</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>—</b>	
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22. I hereby certify that I attended the deceased from 1947, to May 12, 1951, that I last saw the deceased alive on May 12, 1951, and that death occurred at 6:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>A. P. Chelich, M.D.</b>	23b. ADDRESS <b>3606 Gravois</b>	23c. DATE SIGNED <b>May 14-51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 15-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Penn. Ave. and St. Charles Roak Rd.</b>	
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DATE REC'D BY LOCAL REG. <b>5-14-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R. ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Jay B. Smith Funeral Home 7456 Manchester, Maplewood, Mo.</b>		
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 Ronald C. Yahrke

Licensed Embalmer No. 3917

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.