

FILED AUG 7 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25485  
Registrar's No. 6782

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 St. Louis		c. LENGTH OF STAY (in this place) 19 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital			d. STREET ADDRESS (If rural, give location) 3900 Bell			
3. NAME OF DECEASED (Type or Print) Herbert			a. (First)	b. (Middle) White	c. (Last)	
4. DATE OF DEATH July 25 1951		(Month)	(Day)	(Year)		
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 13, 1896		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Porter	10b. KIND OF BUSINESS OR INDUSTRY Porter		11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Frank White		13b. MOTHER'S MAIDEN NAME Catherine ?		14. NAME OF HUSBAND OR WIFE None		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Unk		16. SOCIAL SECURITY NO. Unk	17. INFORMANT'S SIGNATURE OR NAME Elizabeth Rhodes, 2601 N Whittier St			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH Undet.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hematemesis; Carcinoma of Stomach						
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS					
II. OTHER SIGNIFICANT CONDITIONS	DUE TO (b) Undetermined					
DUE TO (c)						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 151X		
22. I hereby certify that I attended the deceased from 7-15-1951, to 7-25-1951, that I last saw the deceased alive on 7-25-1951, and that death occurred at 6:30a m., from the causes and on the date stated above.						
23a. SIGNATURE H. Elizabeth K. Lewis M. D.			23b. ADDRESS 2601 N. Whittier St		23c. DATE SIGNED 7-27-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 7-30-51	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. JUL 30 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Peoples Union Co. 3100 Franklin A		

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

Reclaimed from Unclaimed Board 7-30-51 (Licensed Embalmers' Standard of Good Practice Act, St. Louis 10, Mo.)

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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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.