

FILED OCT 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31950
Registrar's No. 8275

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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

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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2157	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 3319 Itaska St.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) Melville c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 18 1951	
5. SEX Male, 0	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married, /	8. DATE OF BIRTH December 13, 1889
9. AGE (In years last birthday) 61		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic	
11. BIRTHPLACE (State or foreign country) Greenville, Bond County, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John H. White,		13b. MOTHER'S MAIDEN NAME Emily M. Myers,	
14. NAME OF HUSBAND OR WIFE Anna White, 3319 Itaska St.,			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Anna White, 3319 Itaska St.,		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES DUE TO (b) Coronary arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 9-15-51 , 19__, to 9-18-51 , 19__, that I last saw the deceased alive on 9-18-51 , 19__, and that death occurred at 3:03 Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Joseph From (Degree or title) M.D. 0		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 9-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/20/51	
24c. NAME OF CEMETERY OR CREMATORY Mt. Moria,		24d. LOCATION (City, town, or county) (State) Greenville, Illinois,	
DATE REC'D BY LOCAL REG. SEP 19 1951		REGISTRAR'S SIGNATURE J. Carl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St.,	

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 me

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed

Loron E. Percy

Licensed Embalmer No. 4094

P. O. Address 2842 Meramec St.,
St. Louis, 18, 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.