

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6860

State File No.

1348

FILED MAR 5 1952

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1348

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bethesda Hospital				d. STREET ADDRESS (If rural, give location) 15 5153 Cologne Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) J.		c. (Last) WHITE Sr.		4. DATE OF DEATH (Month) (Day) (Year) Feb. 11 1952			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated		8. DATE OF BIRTH Aug. 3, 1890		9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer-City of St. Louis			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Adams County, Ill.		12. CITIZEN OF WHAT COUNTRY? /		
13a. FATHER'S NAME John M. White			13b. MOTHER'S MAIDEN NAME Charity Gooding			14. NAME OF HUSBAND OR WIFE Blanche White			
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 Mrs. Ellen Obermeyer				ADDRESS 5153 Cologne
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 weeks 1-2 yrs	
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) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H201				
22. I hereby certify that I attended the deceased from 1-28 1-19-52 to 2-11-52 that I last saw the deceased alive on 11-19-52, and that death occurred at 12:30 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Walter Gounger M.D.				23b. ADDRESS 3624 Russell			23c. DATE SIGNED 2-12-52		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Feb. 12, 1952		24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery		24d. LOCATION (City, town, or county) (State) Quincy, Ill.			
DATE REC'D BY LOCAL REG. FEB 13 1952		REGISTRAR'S SIGNATURE Carl Smith			25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser				ADDRESS 4228 S. Kingshighway Bl

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.

Student
Student Embalmer

Signed.....
Edwin M. Bennett

Licensed Embalmer No. *3024*.....

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.