No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6861

State File No.

FILED MAR 5 1952

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1636

0

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN St.Louis
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homer G Phillips Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St.Louis 2219
d. STREET ADDRESS (If rural, give location) 27 2807 Rear Dayton 0

3. NAME OF DECEASED (Type or Print)
a. (First) Warren
b. (Middle)
c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1952

5. SEX M 2

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar.12,1883

9. AGE (In years last birthday) 68 — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Belmound,Mo. 0

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Bill White

13b. MOTHER'S MAIDEN NAME Jane

14. NAME OF HUSBAND OR WIFE Mora White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Marion Henderson **ADDRESS** 3146 Branter

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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Undetermined

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis — Undet.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 491 X

22. *I hereby certify that I attended the deceased from* 2-11, 19 52, *to* 2-16, 19 52, *that I last saw the deceased alive on* 2-16, 19 52, *and that death occurred at* 1:18 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Wm G Reid 0 (Degree or title) M. D.

23b. ADDRESS 2601 N Whittier St

23c. DATE SIGNED 2-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2

24b. DATE 2-20-52

24c. NAME OF CEMETERY OR CREMATORY Oakdale

24d. LOCATION (City, town, or county) (State) Lemay Mo.

DATE REC'D BY LOCAL REG. FEB 20 1952

REGISTRAR'S SIGNATURE J Carl Smith M D

25. FUNERAL DIRECTOR'S SIGNATURE E B Koonce **ADDRESS** 1221 N.Grand

(Licensed Embalmer's Statement on Reverse Side)

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 C Crooms

Licensed Embalmer No. 4755

P. O. Address 1221 N.Grand

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.