

FILED APR 16 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14915**  
Registrar's No. **2086**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri.</b>		c. LENGTH OF STAY (in this place) _____	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Webster Groves,</b>		4607
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Lukes Hospital.</b>			d. STREET ADDRESS (If rural, give location) <b>#15 Glen Oak</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ANTHONY</b>		b. (Middle) <b>L.</b>	c. (Last) <b>WHITE.</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mch 4, 1952.</b>	
5. SEX <b>Male.</b>	6. COLOR OR RACE <b>White.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married.</b>	8. DATE OF BIRTH <b>Jan. 27, 1897</b>	9. AGE (In years last birthday) <b>55</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stylist; International Shoe Co.</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Jackson, Mississippi</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>George White</b>		13b. MOTHER'S MAIDEN NAME <b>Willie Gillon.</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Gillon White.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>489-01-2166</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mabel G. White; Webster Groves, Mo.</b>		
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>Coronary occlusion</b>				INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerotic Heart Disease</b>				?
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <b>4:20</b>	
22. I hereby certify that I attended the deceased from <b>21 Feb, 1952</b> , to <b>4 Mar, 1952</b> , that I last saw the deceased alive on <b>2 Mar, 1952</b> , and that death occurred at <b>6 A. M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Pence Kenamore M D O</b>			23b. ADDRESS <b>457 N. Kingshighway St. Louis 8, Mo</b>		23c. DATE SIGNED <b>14 Mar 52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>	24b. DATE <b>3-6-1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Oak Hill Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkwood Mo.</b>	
DATE REC'D BY LOCAL REG. <b>MAR 4 1952</b>		REGISTRAR'S SIGNATURE <b>Carl Smith M D</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. R. Lupton &amp; Sons, 7233 Delmar Blv'd.,</b>	

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

Dr. Kenamore, Bruce.  
457 N. Kingshighway.  
Rt: 1256.  
Hrs: 1 - 5.

MAR 30 1954

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 Arnold W. Schoene

Signed.....  
Student Embalmer

Licensed Embalmer No. 3864

P. O. Address St. Louis, 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.