

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

14916  
State File No. 3456  
REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No.

APR 25 1952

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 OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		d. STREET ADDRESS 3130 Caroline	
3. NAME OF DECEASED (Type or Print) a. (First) Carey b. (Middle) c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) April 9 1952	
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 1, 1907
9. AGE (In years last birthday) 45		10. KIND OF BUSINESS OR INDUSTRY Wiles Chipman Lbr.	11. BIRTHPLACE (City and State or Foreign Country) Jackson, Miss., a.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Cary White		13b. MOTHER'S MAIDEN NAME Viola Blount	
14. NAME OF HUSBAND OR WIFE Ella Combs 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. 489-22-0257		17. INFORMANT'S SIGNATURE OR NAME Ella Combs White	
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) Carcinoma of left Lung 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. None	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH Undet.	
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? 163X	
22. I hereby certify that I attended the deceased from 3-14, 1952, to 4-9, 1952, that I last saw the deceased alive on 4-9, 1952, and that death occurred at 3:20p. m., from the causes and on the date stated above.			
23a. SIGNATURE Wm. J. Reid		23b. ADDRESS 2601 N Whittier St	
23c. DATE SIGNED 4-10-52		23d. NAME OF CEMETERY OR CREMATORY Father Dixon	
23e. LOCATION (City, town, or county) (State) Kirkwood, Mo.		23f. DATE	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-14-52	
24c. NAME OF CEMETERY OR CREMATORY Father Dixon		24d. LOCATION (City, town, or county) (State) Kirkwood, Mo.	
DATE REC'D BY LOCAL REG. APR 12 1952		REGISTRAR'S SIGNATURE Earl Smith	
25. FUNERAL DIRECTOR'S SIGNATURE E. Stone		ADDRESS 1221 N Grand	

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

*Lawrence C. Brown*

Licensed Embalmer No. 4755

P. O. Address 1221 N. 4th St.

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.