

FILED MAY 1- 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15029

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1046

1. PLACE OF DEATH a. COUNTY St. Louis 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 Clayton		c. LENGTH OF STAY (in this place) UNK.	
d. FULL NAME OF HOSPITAL OR INSTITUTION County Hospital		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2119.	
		d. STREET ADDRESS (If rural, give location) 4336 Cook 1	
3. NAME OF DECEASED (Type or Print) a. (First) L. b. (Middle) S. c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) 4 17 52	
5. SEX M	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 28, 1914
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labor	11. BIRTHPLACE (State or foreign country) Webb., Miss.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Andyburgh	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Zanders White		13b. MOTHER'S MAIDEN NAME Ollie Brooks	
14. NAME OF HUSBAND OR WIFE Katherine White 4336 Cook			
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. 499-16-6353	
17. INFORMANT'S SIGNATURE OR NAME Katherine White		ADDRESS 4336 Cook	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain damage caused by gunshot wound of head.		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
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 981X	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.) Street	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Prospect Hill St. Louis, Missouri			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 4 16 52 m.		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Apparently shot in head during holdup.			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Arnold J. Wilman Coroner		23b. ADDRESS Clayton, 5, Mo.	
23c. DATE SIGNED 4/19/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-21-52	
24c. NAME OF CEMETERY OR CREMATORY Washington Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. 4-19-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD	
25. FUNERAL DIRECTOR'S SIGNATURE EBK same 1227 N Grand		ADDRESS _____	

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

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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 _____

Clarence Crooks

Signed
Student Embalmer

Licensed Embalmer No. 4755

P. O. Address 2714 York

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.