

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33566

State File No.

8836

No. 300
10. 48

RECEIVED 4 1952

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Registrar's No.

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No.	
1. PLACE OF DEATH a. 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 St. Louis		c. LENGTH OF STAY (In this place) 28 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2-139			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis State Hospital				d. STREET ADDRESS (If rural, give location) 13 5400 Arsenal Street			
3. NAME OF DECEASED (Type or Print)		a. (First) Irene		b. (Middle)		c. (Last) White	
4. DATE OF DEATH (Month) (Day) (Year) Sept. 21, 1952		5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH 12-5-68		9. AGE (In years last birthday) 83		10. UNDER 1 Year Months Days		11. UNDER 12 Hrs. Hour Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Franklin, Tennessee	
12. CITIZEN OF WHAT COUNTRY?				13a. FATHER'S NAME Asa White		13b. MOTHER'S MAIDEN NAME Margaret Allen	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Irene Lowe	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 3 day	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) Seneilly					
		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 5-17-52		19b. MAJOR FINDINGS OF OPERATION Amputation left leg at knee-gangrene-thrombosis popliteal art.				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201			
22. I hereby certify that I attended the deceased from 6-51 , 19 51 , to 9-21-52 , 19 52 , that I last saw the deceased alive on 9-21- , 19 52 , and that death occurred at 4:45 p. m. , from the causes and on the date stated above.							
23a. SIGNATURE [Signature]				23b. ADDRESS 5400 Arsenal Street		23c. DATE SIGNED 9-22-52	
24a. BURIAL, CREMATION, REMOVAL Removal		24b. DATE 9/23/52		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.		24d. LOCATION (City, town, or county) (State) St Louis County Mo.	
DATE REC'D BY LOCAL REG. SEP 22 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		ADDRESS 7027 Gravois	

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

G. P. Kidwell

Licensed Embalmer No.

3877

P. O. Address

7027 Gravois

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.