

S. No. 300  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37143

State File No. \_\_\_\_\_

FILED NOV 14 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>546</u>		Registrar's No. <u>2796</u>	
1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>OVERLAND</u>		c. LENGTH OF STAY (In this place) <u>2 WKS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>MAPLEWOOD</u>		<u>4524</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>OVERLAND RESTORIUM</u>				d. STREET ADDRESS (If rural, give location) <u>7629-A MANCHESTER AVE 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HARRY</u>			b. (Middle) <u>G</u>		c. (Last) <u>WHITE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 29 1952</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>3-15-1878</u>		9. AGE (In years) (If under 1 year: Months) (If under 12 mos. last birthday) (Days) (Hours) (Min.) <u>74 7 14</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FOREMAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>WEIGHING</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>CORSHAM, WILSHIRE ENGLAND</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>THOMAS WHITE</u>			13b. MOTHER'S MAIDEN NAME <u>MARY SCHNEIDER</u>		14. NAME OF HUSBAND OR WIFE <u>ISABELLE M WHITE</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>DORIS E GILBERT 7380 MAPLE AVE</u>			
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) <u>Terminal Peritonitis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>3 mo.</u>  <u>years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Oct-19, 1952</u> to <u>Oct-29, 1952</u> , that I last saw the deceased alive on <u>Oct-29, 1952</u> , and that death occurred at <u>2:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Ray A. Walker Sr. M.D.</u>				23b. ADDRESS <u>Overland 14 mo.</u>		23c. DATE SIGNED <u>10-31-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>11-1-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAUREL HILL GARDENS</u>		24d. LOCATION (City, town, or county) (State) <u>ST LOUIS MO</u>		
DATE REC'D BY LOCAL REG. <u>10-31-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dumbo-M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>JAY B SMITH, MAPLEWOOD MO</u>		

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

P.T. (Licensed Embalmer's Statement on Reverse Side)

FEB 1 1953

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 H. P. Burgess

Licensed Embalmer No. 4029

P. O. Address Maplewood

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.