

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27025**  
**6155**

FILED JUL 31 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

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 <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>25 yrs.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Honore G. Phillips</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>Jerry</b> c. (Last) <b>White</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 16 53</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>col</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-18-1922</b>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Labor</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Clarke Dale Ark</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Lee White</b>	
13b. MOTHER'S MAIDEN NAME <b>Sarah Waters</b>		14. NAME OF HUSBAND OR WIFE <b>Louise White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>War 2</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <b>Louise White</b>		17. ADDRESS <b>1532 Cole St</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Gun shot wound of heart</b> ANTECEDENT CAUSES <b>suffered in Gun Fight between</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>deceased and one Ornel</b> <b>Saunders (col) on vicinity</b> DUE TO (c) <b>of 1600 Franklin Ave - about 10:00 P.M. June 16 - 1953</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Hemorrhage</b>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, office, etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St. Louis</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR <b>See above</b>		21g. HOW DID INJURY OCCUR <b>6981X</b>	
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 <b>10 P.M.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Of doctor or title) <b>Patrick E. Taylor Coroner</b>		23b. ADDRESS <b>1300 Clark</b>	
23c. DATE SIGNED <b>6-18-53</b>		24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE <b>6-29-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Jefferson Barre MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W.D. Bush</b>	
25. ADDRESS <b>2930 Dickson St</b>		DATE REC'D BY LOCAL REG. <b>JUN 20 1953</b>	

(Licensed Embalmer's Statement on Reverse Side)

**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 Leroy U. Jannister

Licensed Embalmer No. 45-23

P. O. Address 3880 Easton Ave

**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.