

FILED DEC 17 1953

STANDARD CERTIFICATE OF DEATH

State File No. 11661

318

1003

11661

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 St. Louis					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2119/0			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4134 Finney Avenue				d. STREET ADDRESS (If rural, give location) 4134 Finney Avenue					
3. NAME OF DECEASED a. (First) Ben			b. (Middle)		c. (Last) White		4. DATE OF DEATH (Month) (Day) (Year) Dec. 5 1953		
5. SEX Male	2	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-25-1879		9. AGE (In years last birthday) Months Days Hours Min. 73	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Coila Mississippi		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME unk.		13b. MOTHER'S MAIDEN NAME Sallie Durham		14. NAME OF HUSBAND OR WIFE Alice 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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robert D. White 4134 Finney Ave.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		MEDICAL CERTIFICATION Pulmonary Embolism: Fracture left leg; suffered when decedent was struck by automobile driven by one Harold Stanger of the intersection of Harold and Easton Aves., about 345 pm. Oct. 27 1953				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Accident		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE OR MURDER Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Street		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 27 53 3:46 p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? ooo					
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 1000 p.m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Patrick J. Taylor (Coroner)				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12.10.53			
24a. BURIAL, CREMATION, REMOVAL removed		24b. DATE 12-11-53	24c. NAME OF CEMETERY OR CREMATORY Greenwood Cem		24d. LOCATION (City, town, or county) (State) St. Louis Co Mo.				
DATE REC'D BY LOCAL REG. DEC 10 1953		REGISTRAR'S SIGNATURE Earl Smith Md		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mamel Funeral Home 4059 Finney Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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

1917

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 Arthur L. Hilliard

Licensed Embalmer No. ~~422~~ 422

P. O. Address 4107 Finney Avenue

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.