

FILED JAN 26 1954

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3421**  
**0193**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____				
1. PLACE OF DEATH a. COUNTY <b>3</b>				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>DOA</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis City Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>25 808 N. 9th St.</b>						
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>			b. (Middle) <b>Lincoln</b>			c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>June 14, 1865</b>		9. AGE (In years last birthday) <b>88</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Jeweler</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Aurora, Ill.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>Charles Leonard White</b>			13b. MOTHER'S MAIDEN NAME <b>Elizabeth Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Celeste R. White</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Celeste R. White, 808 N. 9th 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>Ruptured Aorta; Fracture Left Leg; suffered when struck by car operated by one Ruth Harding, in front of about 411 North 4th St. about 10:30 p.m. Jan 6 1954.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>about 411 North 4th St. about 10:30 p.m. Jan 6 1954.</b>		
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. OCCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g. in or about home, farm, street, etc.) <b>Street</b>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Louis MO MO</b>						
21d. TIME OF INJURY <b>Jan 6 54 10:30 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>E8124</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>10:30 p.m.</b> , from the causes and on the date stated above. <b>25</b>										
23a. SIGNATURE (Degree or title) <b>Patric C Taylor Coroner</b>				23b. ADDRESS <b>1300 Clark</b>			23c. DATE SIGNED <b>1.8.54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>		24b. DATE <b>1-9-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Co., Mo.</b>				
DATE REC'D BY LOCAL REG. <b>JAN 8 1954</b>		REGISTRAR'S SIGNATURE <b>J. Cash Smith MD</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wagoner Mortuary, 4911 Washington</b>					

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 .....,  
Signature of Student Embalmer

Signed *Elton R. Remelius*

Licensed Embalmer No. *421*

P. O. Address *St. Louis*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.