

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

State File No. **6984**

BIRTH NO. **FILED MAR 8 1954** REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1736**

<b>1. PLACE OF DEATH</b> a. COUNTY  b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <b>ST. Louis</b> c. LENGTH OF STAY (in this place) <b>35 Yrs</b> d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G. Phillips Hospital</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>----</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. Louis</b> d. STREET ADDRESS (If rural, give location) <b>1427, A. Biddel Street</b>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Beatrice</b> b. (Middle) <b>Willie</b> c. (Last) <b>White</b>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2 - 19th - 1954</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Col.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>8 - 4th. - 1910</b>
<b>9. AGE</b> (In years last birthday) <b>43</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) / <b>Texas</b>
<b>10a. KIND OF BUSINESS OR INDUSTRY</b> <b>Domestic</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A</b>	
<b>13a. FATHER'S NAME</b> <b>Wiley Craft</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>	
<b>14. NAME OF HUSBAND OR WIFE</b> (Blank)		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	
<b>16. SOCIAL SECURITY NO.</b> <b>?</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS <b>Rev. David Salome</b> <b>1425, A. Biddel. St</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> 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.  <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Apoplexy</b> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			<b>INTERVAL BETWEEN ONSET AND DEATH</b> -
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>334 X</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>		(Blank)	
<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 _____ P.M., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <b>Robert E. Dyer</b>		<b>23b. ADDRESS</b> <b>1300 Olive A</b>	
<b>23c. DATE SIGNED</b> <b>2/23/54</b>		(Blank)	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Removal</b>		<b>24b. DATE</b> <b>2 - 26 - 54</b>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Washington Park Cemetery</b>		<b>24d. LOCATION</b> (City, town, or county) (State) <b>ST. Louis</b> <b>Mo. Missouri</b>	
<b>DATE REC'D BY LOCAL REG.</b> <b>FEB 28 1954</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Carl Smith MD</b>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>John H. Houston</b>		<b>ADDRESS</b> <b>2616. No. Garrison Ave</b>	

(Licensed Embalmer's Statement on (Reverse Side))

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

300  
48

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. Bonnis

Licensed Embalmer No. 4523

P. O. Address 3880 Epton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.