No. 300
10.48

FILED SEP 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30089

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 100

1. PLACE OF DEATH
a. COUNTY: Clay
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Excelsior Springs, Mo.
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hospital Excelsior Springs, Missouri

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 3435 Pine Street

2219 1

3. NAME OF DECEASED (Type or Print)
a. (First): EDDIE
b. (Middle): (NMI)
c. (Last): WHITE

4. DATE OF DEATH (Month) (Day) (Year): September 16 1954

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 24, 1896
9. AGE (In years last birthday): 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter
10b. KIND OF BUSINESS OR INDUSTRY: Central Electric Co. Columbus, Miss.
11. BIRTHPLACE (City and State or Foreign Country): /
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Craven White
13b. MOTHER'S MAIDEN NAME: Judy L. Smith
14. NAME OF HUSBAND OR WIFE: - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Yes-Not remembered
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: VA Hospital records

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis, pulmonary, chronic, far advanced, active — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — Unknown

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION: ---
002X
20. AUTOPSY? YES [X] NO [ ]

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): --- m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: ---

22. *I hereby certify that I attended the deceased from* Sept. 8, 19 54 *to* Sept. 16, 19 54, ~~[illegible]~~ *and that death occurred at* 3:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. J. CANTELL, M. D. Acting Pathologist
23b. ADDRESS: Excelsior Springs, Mo.
23c. DATE SIGNED: 9-17-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 9-20-54
24c. NAME OF CEMETERY OR CREMATORY: W. S. Wade Funeral Home
24d. LOCATION (City, town, or county) (State): St. Louis Mo.

DATE REC'D BY LOCAL REG.: 9-22-54
REGISTRAR'S SIGNATURE: Caroline Hutchings
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: De Mass Crunk Cameron, Inc

(Licensed Embalmer's Statement on Reverse Side)

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

#13

OCT 2 8 1950

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 Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Pathrop Mo

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.