

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

STANDARD CERTIFICATE OF DEATH

39351  
State File No. 10240  
Registrar's No. 10240

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. LENGTH OF STAY (in this place) 6 Days	c. CITY OR TOWN ST. CHARLES
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS INFIRMARY Papain St.		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) 1536. I026, Pine Street		0923	

3. NAME OF DECEASED (Type or Print) a. (First) IDA b. (Middle) MARY c. (Last) WHITE		4. DATE OF DEATH (Month) (Day) (Year) II - 9 * 1954	
5. SEX Female 3	6. COLOR OR RACE COL.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3 - 8 - 1884
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR 8 Days	IF UNDER 1 YEAR 1 Hour	IF UNDER 1 HRS. 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Domestic	11. BIRTHPLACE (City and State or Foreign Country) ST. CHARLES MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME ANDREW ROBINSON		13b. MOTHER'S MAIDEN NAME MARY GENTRY		14. NAME OF HUSBAND OR WIFE JOHN C. WHITE	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva Shelton I026, Pine ST Char			
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease			INTERVAL BETWEEN ONSET AND DEATH
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	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	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR 4200	

22. I hereby certify that I attended the deceased from 11-3-54 to 11-9-54, 19\_\_\_\_, that I last saw the deceased alive on 11-8-54, 19\_\_\_\_, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE Alva Green, M.D. (Degree or title)	23b. ADDRESS 450 1st Boston	23c. DATE SIGNED 11-11-54
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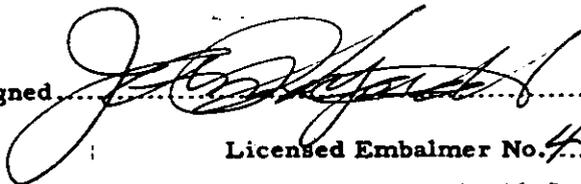
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11-13-54	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) ST. Charles County Missouri
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DATE REC'D BY LOCAL REG. NOV 12 1954	REGISTRAR'S SIGNATURE J. Carl Smith M.D.	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John Houston 2616, No. Garrison St.
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**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   
Licensed Embalmer No. 444  
P. O. Address 2616 7th St. Ga.

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.