

FILED FEB 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH44126  
State File No. ....11530  
Registrar's No. ....

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE			
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>St. Louis, Mo.</b>				c. CITY OR TOWN <b>Richmond Heights</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				STREET ADDRESS (If rural, give location) <b>1349 Mc Cutcheon Ave</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Florence</b>		b. (Middle) <b>Maralmin</b>		c. (Last) <b>White</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 19, 1954</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 10, 1899</b>	
9. AGE (In years last birthday) <b>55</b>		IF UNDER 1 YEAR Months		IF UNDER 12 HRS. Hours		IF UNDER 14 HRS. Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Advisor Vet. Admr.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Washington Univ.</b>			11. BIRTHPLACE (City and State or Foreign Country) <b>Memphis, Tenn.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>							
13a. FATHER'S NAME <b>Presley H. Roberts</b>			13b. MOTHER'S MAIDEN NAME <b>Florence Schlueter</b>			14. NAME OF HUSBAND OR WIFE <b>Ralph DeMay White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>499-34-0491</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. DeMay H. White 556 Virginia Ave. W. 6</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))				MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of left breast with metastases</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs.</b>			
ANTECEDENT CAUSES							
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (b) _____			
DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS <b>Large Left Pleural Effusion</b>							
Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypophisectomy</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>170x</b>			
22. I hereby certify that I attended the deceased from <b>Oct. 24, 1954</b> , to <b>De. 19, 1954</b> that I last saw the deceased alive on <b>De. 19, 1954</b> , and that death occurred at <b>12:01a.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>FR Brindley M. D.</b>				23b. ADDRESS <b>BARNES HOSPITAL</b>		23c. DATE SIGNED <b>12/19/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Crementation</b>		24b. DATE <b>12-21-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Crematory</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>DEC 20 1954</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mittelberg Funeral Home, Inc. 73 W. Lockwood Ave WEBSTER GROVES Mo.</b>			

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

(Licensed Embalmer's Statement on Reverse Side)

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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 *J. W. B. Embler*.....

Licensed Embalmer No. *365*.....

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.