No. 300
10.48

FILED FEB 7 - 1955

STANDARD CERTIFICATE OF DEATH

State File No. 3238

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0720

1. PLACE OF DEATH
a. COUNTY ~~St. Louis~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 9M & 19 Days
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis Chronic Hospital
STREET ADDRESS (If rural, give location) 25 #824 Pine St. 2259 0

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) c. (Last) WHITE
4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1955

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3
8. DATE OF BIRTH Aug. 21, 1892
9. AGE (In years last birthday) 62 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) UNKNOWN
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John White
13b. MOTHER'S MAIDEN NAME Anna?
14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME Margaret Kelly ADDRESS 2331 Mullanphy St

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) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ 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? 332X

22. *I hereby certify that I attended the deceased from* Apr. 1, *19*54, *to* Jan. 20, *19*55, *that I last saw the deceased alive on* Jan. 20, *19*55, *and that death occurred at* 1:40 Am., *from the causes and on the date stated above.*

23a. SIGNATURE George Esker, M.D. (Degree or title)
23b. ADDRESS 5600 Arsenal St.
23c. DATE SIGNED 1/20/55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN-26-55
24c. NAME OF CEMETERY OR CREMATORY CALVARY
24d. LOCATION (City, town, or county) ST LOUIS (State) MO

DATE REC'D BY LOCAL REG. JAN 25 1955
REGISTRAR'S SIGNATURE J. Earl Smith, M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Cullen-Kelly ADDRESS 4386 Lindell
S.P. (Licensed Embalmer's Statement on Reverse Side)

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 emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gene S Hutchens

Licensed Embalmer No. 496

P. O. Address St. Lou

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.