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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 13 1955

State File No. 28478

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 2035

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Webster Grove</u>		c. LENGTH OF STAY (in this place) <u>4 hrs.</u>	c. CITY OR TOWN <u>Webster Grove</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>204 E. Big Bend</u>		STREET ADDRESS (If rural, give location) <u>8815 Lyman</u>	

3. NAME OF DECEASED (Type or Print) (First) <u>William</u> (Middle) <u>Lewis</u> (Last) <u>White</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 30 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 1st 1877</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>30</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Builder &amp; contractor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>					

13a. FATHER'S NAME <u>William White</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Jane Nelson</u>	14. NAME OF HUSBAND OR WIFE <u>Lavinie White</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Ellsworth Westrup</u>	18. ADDRESS <u>204 E. Big Bend</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>day</u>  <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> <u>Arteriosclerotic Vascular Disease with hypertension</u> 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 <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2 1943 to Aug 30, 1955, that I last saw the deceased alive on 8-30-1955, and that death occurred at 8 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Ellsworth Westrup</u>	(Degree or title) _____	23b. ADDRESS <u>204 E. Big Bend</u>	23c. DATE SIGNED <u>8-30-55</u>
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24a. BURIAL CRYPT (If in crypt, give name)	24b. DATE <u>Sept 3 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Mausoleum</u>	24d. LOCATION (City, town or county) (State) <u>St. Charles Park Road Mo.</u>
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DATE REC'D BY LOCAL REG. <u>8/30/55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domba M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull Campbell</u>	ADDRESS <u>Mortuary 5165 Allenton</u>
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55 (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 embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Dean M...*

Licensed Embalmer No.....

P. O. Address *605 Balm...*  
*LeMay 23 Mo.*

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