No. 300
10.48

FILED FEB 17 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7391

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 602

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Mo.
c. LENGTH OF STAY (In this place): 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY:
c. CITY OR TOWN: St. Louis 12
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
e. STREET ADDRESS (If rural, give location): 5638 Kingsbury 225

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Wistar
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): 1-17-56

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: 12-15-79.
9. AGE (In years last birthday): 76 — 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): Pediatrics
10b. KIND OF BUSINESS OR INDUSTRY: Physician
11. BIRTHPLACE (City and State or Foreign Country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: William White
13b. MOTHER'S MAIDEN NAME: Anna Rives
14. NAME OF HUSBAND OR WIFE: Isabel White.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES. (If yes, give war or dates of service): W.W.I.
16. SOCIAL SECURITY NO.: NONE.
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Isabel M. White, 5638 Kingsbury Blv'd.

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) Shock — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Rupture abdominal aortic aneurysm — 24 hrs.
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.

O.K. Joseph M. Quinn Deputy Coroner 1/20/56 ~~451~~

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) 022x
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* 1-17, 1956 *to* 1-17, 1956 *that I last saw the deceased alive on* 1-17, 1956 *and that death occurred at* 2:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl E. Lischer M.D.
23b. ADDRESS: 457 N Kingshighway
23c. DATE SIGNED: 1-17-56.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-20-56.
24c. NAME OF CEMETERY OR CREMATORY: Bellefontaine Cem.
24d. LOCATION (City, town, or county) (State): St. Louis, Mo

DATE REC'D BY LOCAL REG.: JAN 18 1956
REGISTRAR'S SIGNATURE: J Carl Smith MD MD
25. FUNERAL DIRECTOR'S SIGNATURE: C. R. Rupton + Sons
ADDRESS: St. Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..Arnold W. Schoene.....

Licensed Embalmer No..3864

P. O. Address St. Louis, M

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