

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 981

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 town) <u>Manchester</u>	c. LENGTH OF STAY (in this place) <u>DOB</u>	c. CITY OR TOWN <u>4000 Rural-Bonhomme</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital 6 1/2 mile south of Cabool</u>		e. STREET ADDRESS (If rural, give location) <u>Ries Road</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glen</u> b. (Middle) <u>Freeman</u> c. (Last) <u>White</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4. 14. 56</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>Aug. 4, 1929</u>	9. AGE (In years last birthday) <u>27</u>	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) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Old Orchard Gardens</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Cabool, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	---	---

13a. FATHER'S NAME <u>Hayden White</u>	13b. MOTHER'S MAIDEN NAME <u>Geneva Savage White</u>	14. NAME OF HUSBAND OR WIFE <u>Audrey Hoeltge White</u>
--	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes! Korean</u>	16. SOCIAL SECURITY NO. <u>498-28-411</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Audrey White, Ellisville, Mo.</u>	ADDRESS _____
---	---	--	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia due to carbon monoxide poisoning</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------------	--	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>rural road, in car</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Manchester St. Louis Mo.</u>
---	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>Apr. 14, 1956 9:35 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Self-inhaled carbon monoxide poisoning.</u>
---	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Hillmann, Coroner</u> (Degree or title) <u>2</u>	23b. ADDRESS <u>Clayton, Mo.</u>	23c. DATE SIGNED <u>4-17-56</u>
--	----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/24/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Creve Coeur, Mo.</u>
---	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4/16-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Souke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Funeral Home,</u>	ADDRESS <u>Ballwin, Mo.</u>
---	---	--	-----------------------------

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 *Richard Bopp*.....

Licensed Embalmer No. *458*

P. O. Address *Ballwin,*.....

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.