

STANDARD CERTIFICATE OF DEATH

State File No. **22455**

FILED JUN 29 1956

BIRTH NO. _____ REG. DIST. NO. **312** PRIMARY REG. DIST. NO. **500** Registrar's No. **1352**

1. PLACE OF DEATH
a. COUNTY **ST. LOUIS**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **770** b. COUNTY **2169**

b. CITY (If outside corporate limits, write RURAL and give township)
OR TOWN **CREVE COEUR 5700s**

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 **EVERGREENS CONV. H**

e. STREET ADDRESS (If rural, give location) **3844a McDONALD**

3. NAME OF DECEASED (Type or Print)
a. (First) **ETTA** b. (Middle) **ELIZABETH** c. (Last) **WHITE**

4. DATE OF DEATH (Month) (Day) (Year)
JUNE 3 1956

5. SEX **F**

6. COLOR OR RACE **W**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
WIDOW

8. DATE OF BIRTH **Nov. 26-1875**

9. AGE (In years last birthday) **80**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 4 HRS.: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
WAITRESS

10b. KIND OF BUSINESS OR INDUSTRY
RESTAURANT

11. BIRTHPLACE (City and State or Foreign Country)
IRON COUNTY, MO

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13a. FATHER'S NAME
ROBERT J. HILL

13b. MOTHER'S MAIDEN NAME
LUCY VANCE

14. NAME OF HUSBAND OR WIFE
CHAS. WHITE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
unk.

17. INFORMANT'S SIGNATURE OR NAME
Walter H. Noyer RR No. 2 Missouri

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, athermia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Perennial Hypostatic Pneumonia**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) **Chr. Myocardial Failure**
DUE TO (c) **Basilar Skull Fracture**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

INTERVAL BETWEEN ONSET AND DEATH
3 days
2 mos
11/6/55

19a. DATE OF OPERATION
None

19b. MAJOR FINDINGS OF OPERATION
None

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
St. Louis 21 MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
11-6-55 9p.m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
stumbled on concrete steps, out in front of home.

22. I hereby certify that I attended the deceased from **July 1st 1933**, to **6/3/56**, 19___, that I last saw the deceased alive on **6/3/56**, 19___, and that death occurred at **7:22 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title)
Walter H. Noyer M.D.

23b. ADDRESS
3108 S. Grand

23c. DATE SIGNED
6/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify)
EMERALD

24b. DATE
6-6-56

24c. NAME OF CEMETERY OR CREMATORY
WOODLAWN

24d. LOCATION (City, town, or county) (State)
De Soto MO

DATE REC'D BY LOCAL REG. **6-3-56** REGISTRAR'S SIGNATURE **Herbert B. Donohue**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Lee Mathushead - De Soto Mo

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

JUN 29 1958

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..... *Andrew H. England*

Licensed Embalmer No. *478*

P. O. Address *De Soto*

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.