FILED DEC 27 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 44088

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11045

1. PLACE OF DEATH a. COUNTY City	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ~~City~~
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 12, Inside Limits Yes ☒ No ☐	c. CITY OR TOWN St. Louis Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5733 Clemens Ave. Length of stay in 1b 43 years 205	d. STREET ADDRESS (If outside, give location) 5733 Clemens Ave. Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First MR. FRANK Middle MORGAN Last WHITE			4. DATE OF DEATH Month Nov. Day 30, Year 1956	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH Sept. 11, 1877	9. AGE (In years last birthday) 79 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) Photographer	10b. KIND OF BUSINESS OR INDUSTRY Frank M White Studio		11. BIRTHPLACE (City and state or country) Philadelphia, Pa.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Thomas White			14. MOTHER'S MAIDEN NAME Emma Hilliard / wifes name Alma O. White	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Alma O. White Address 5733 Clemens Ave.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute cardiac failure - possible coronary infarction.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease - decompensated

DUE TO (c) Chronic myocarditis 420.0

INTERVAL BETWEEN ONSET AND DEATH: 2 years + 10 years +

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1934, to November 30th 1956 and last saw ~~her~~ him alive on 11-30-56

Death occurred at 11:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Fred W. Clark M.D.	22b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo	22c. DATE SIGNED 12-2-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal rail	23b. DATE Dec 3, 1956	23c. NAME OF CEMETERY OR CREMATORY Northwood Cemetery	23d. LOCATION (City, town, or county) (State) Philadelphia, Pennsylvania
24. FUNERAL DIRECTOR ADDRESS Alexander & Sons, 6175 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. DEC 3 1956	26. REGISTRAR'S SIGNATURE J Earl Smith MD MJB

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Dr. J. Fred W. Clark
Hodiamont Ave.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Gustav W. Dietz

Licensed Embalmer No. 4

P. O. Address St. Jou

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.