

No. 300  
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FILED FEB 25 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6945**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **544** Registrar's No. **307**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b>		b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkwood</b>		c. LENGTH OF STAY (In this place) <b>2 days</b>		c. CITY OR TOWN <b>Eureka</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>3rd &amp; Central Streets</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lillie</b> b. (Middle) <b>Virginia</b> c. (Last) <b>White</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 30 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Aug 17, 1870</b>	9. AGE (In years last birthday) <b>86</b>	IF UNDER 1 YEAR Month <b>5</b> Days <b>13</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housework</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Murraysville W. Va.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Erin W. Davis</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Ward</b>		14. NAME OF HUSBAND OR WIFE <b>Joseph White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ralph White</b> ADDRESS <b>Eureka, Missouri</b>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <b>congestive heart failure 5 days</b>  ANTECEDENT CAUSES <b>Arteriosclerotic hypertension</b>  DUE TO (b) _____  DUE TO (c) <b>pulmonary edema</b>		INTERVAL BETWEEN ONSET AND 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)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>443x</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **May 1, 1949**, to **Jan 30, 1957**, that I last saw the deceased alive on **Jan 29, 1957**, and that death occurred at **3 A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>R McCreary</b> (Degree or title) <b>MO</b>		23b. ADDRESS <b>Pacific Mo</b>		23c. DATE SIGNED <b>2-1-57</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2-2-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Pacific Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Pacific Missouri</b>	
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DATE REC'D BY LOCAL REG. <b>2-2-57</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Dombkowski</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Schrader Funeral Home</b> ADDRESS <b>Ballwin, Mo</b>	
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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 Bypp*.....

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, Mo.*

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.