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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Secretary, coroner, etc., must use only standard nomenclature in item 10. No symptoms will be listed. **USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE**

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19437

FILED JUN 7 1957

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1974

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis,</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTE <u>St. Marys Infirmary</u>			Length of stay in 1b	STREET ADDRESS (If outside, give location) <u>210 4143 W. Kossuth</u>		
3. NAME OF DECEASED (Type or print) First <u>Issac</u> Middle <u>White</u> Last <u>White</u>			4. DATE OF DEATH Month <u>5-</u> Day <u>26-</u> Year <u>57</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> <u>WIDOWED</u> <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>10-9-1882</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Lab.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Labor</u>	11. BIRTHPLACE (City and state or country) <u>Bunkie Louisiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>Henry White</u>			14. MOTHER'S MAIDEN NAME <u>Minerva Breeley</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>454-10-5374</u>	17. INFORMANT <u>Vivian Bernard 4143 W. Kossuth</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Posterior Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary Arteriosclerotic Heart Disease</u>					Unknown	
DUE TO (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>420.1</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <u>December 1, 1955</u> to <u>May 26, 1957</u> and last saw her alive on <u>May 26, 1957</u> Death occurred at <u>2:00 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Chas. P. Forde, M.D.</u>			22b. ADDRESS <u>2746a Franklin Ave.,</u>		22c. DATE SIGNED <u>5/27/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-28-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Live Oak</u>	23d. LOCATION (City, town, or county) <u>Port Arthur</u>		(State) <u>Tex.</u>	
24. FUNERAL DIRECTOR <u>J. McClendon 4535 Washington Blvd.</u>		25. DATE RECD. BY LOCAL REG. <u>MAY 27 '57</u>	26. REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>			

(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 embalmed
by me, or by, Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed *John K. Cunningham*

Licensed Embalmer No. *44*

P. O. Address *2405 21*

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.