

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 17 1957

STANDARD CERTIFICATE OF DEATH

34313

STATE FILE NUMBER

 Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **7891**

| | | | | | | | |
|---|----------------------------------|---|---|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Baptist Hospital | | | Length of stay in lb 16 | | d. STREET ADDRESS 4030 Arsenal (If outside, give location) | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) Josephine C White First Middle Last | | | | 4. DATE OF DEATH Month Day Year Aug 22 1957 | | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH Dec 3, 1883 | | 9. AGE (In years last birthday) 73 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) St. Louis, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13. FATHER'S NAME Charles H Pilz | | | | 14. MOTHER'S MAIDEN NAME -----Bessie | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) no | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT Address Charles Pilz 1307 Sidney | | | |
| 18. CAUSE OF DEATH [Enter only one cause per time for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple fractures Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) suffered when decessed jumped from 3rd floor to ground below DUE TO (c) at Missouri Baptist Hospital PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) at Missouri Baptist Hospital | | | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) on Aug. 22 1957 Suicide | | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m. 8-22-57 | | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | | | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) See above |
| | | | 20f. CITY, TOWN, OR LOCATION St Louis | | COUNTY STATE Mo | | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 7:10 a m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Name or title) James M. Kelly, Deputy | | | | 22b. ADDRESS 1300 Clark | | 22c. DATE SIGNED 8-23-57 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | | 23b. DATE 8/24/1957 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | |
| 24. FUNERAL DIRECTOR ADDRESS J L Ziegenhein & Sons 7027 Gravois | | | | 25. DATE RECD. BY LOCAL REG. AUG 23 57 | | 26. REGISTRAR'S SIGNATURE J. Earl Smith, m d | |

(Licensed Embalmer's Statement on Reverse Side)

St. Louis

St. Louis

January 1933

January 1933

AM 12 1933

White

White

Dec 3, 1933

White

UP

St. Louis

St. Louis

Charles E. Ben

no

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 *Ronald E. Ben* Licensed Embalmer No. *707*

P. O. Address *707 / St. Louis*

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.