

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38332
STATE FILE NUMBER

FILED OCT 29 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9859

S. 300
1-57

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 MO.			c. CITY OR TOWN St. Louis			2139 0 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 25 ST LOUIS CITY HOSP #1			Length of stay in lb 23			d. STREET ADDRESS 1832 S. 8th St.		
3. NAME OF DECEASED (Type or print) First JAMES			Middle J.			Last WHITE		
4. DATE OF DEATH 10 20 57			5. SEX Male <input checked="" type="checkbox"/>			6. COLOR OR RACE White		
7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			8. DATE OF BIRTH March 16, 1957			9. AGE (In years last birthday) 7		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) no			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and state or country) St. Louis, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME William White			13b. MOTHER'S MAIDEN NAME Verna Mallicoat		
14. NAME OF HUSBAND OR WIFE -			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. no		
17. INFORMANT Address William White 1832 S. 8th St.			18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure Conditions, if any, } DUE TO (b) Arteriosclerotic Pulmonary venous which gave rise to } returns above cause (a), } stating the under- } lying cause last. } PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 7546			INTERVAL BETWEEN ONSET AND DEATH		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 <input type="checkbox"/> NOT WHILE WORK 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 9-4-57, to 10-20-57 and last saw her alive on 10-20-57 Death occurred at 7:15 P on the date stated above; and to the best of my knowledge, from the causes stated.			22a. SIGNATURE MBavery MD		
22b. ADDRESS 1515 Lafayette			22c. DATE SIGNED OCT 22 57			23a. BURIAL, CREMATION, REMOVAL (Specify) removal		
23b. DATE 10-23-57			23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery			23d. LOCATION (City, town, or county) St. Louis Co. MO.		
24. FUNERAL DIRECTOR Hy. Leidner Und. Co. 2223 St. Louis			25. DATE RECD. BY LOCAL REG. OCT 22 57			26. REGISTRAR'S SIGNATURE Carl Smith MD		

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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.

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 *Alfred Mayfield*

12-02-01

12-02-01

12-02-01 Licensed Embalmer No. *3077*

P. O. Address *St. Louis, 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.