

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1958

3784

STATE FILE NUMBER

318

1003

866

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis,</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>02 Alexian Bros. Hospt.</b>		Length of stay in 1b <b>60 Yrs.</b>	d. STREET ADDRESS (If outside, give location) <b>1570 3232a Taft Avenue</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>CHARLES OLIVER WHITE</b>			4. DATE OF DEATH Month Day Year <b>Jan. 22 1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 27 1876</b>	9. AGE (In years last birthday) <b>81</b>	FUNDER 1 YEAR Months Days <b>1 26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Linotype Work</b>	11. BIRTHPLACE (City and state or country) <b>Bloomington, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Oliver White</b>		13b. MOTHER'S MAIDEN NAME <b>Minnie Crow</b>		14. NAME OF HUSBAND OR WIFE <b>Clara White (Nee Geipel)</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No None</b>		16. SOCIAL SECURITY NO. <b>499-01-1474</b>	17. INFORMANT Address <b>Mrs. Pauline Weatherby 4224a California</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Fracture of Left Arm.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Arterio Sclerotic Heart Disease</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Following fall on sidewalk at Taft and Virginia Street on or about</b>					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>1570 Taft Street</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. <b>1 1 58 January 1st 1958.</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. CITY, TOWN, OR LOCATION . Old COUNTY STATE <b>St. Louis Mo</b>	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <b>8101</b> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>Joseph M. Zimm</b>			22b. ADDRESS <b>1300 Clark</b>		22c. DATE SIGNED <b>1/24/58</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Jan-27-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>New Picker Cemetery</b>		23d. LOCATION (City, town, or county) <b>St. Louis, Missouri</b>	
24. FUNERAL DIRECTOR <b>Beiderwieden F.H. Inc.</b>		ADDRESS <b>1936 St. Louis Ave.</b>		25. DATE RECD. BY LOCAL REG. <b>JAN 24 '58</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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  \_\_\_\_\_

Licensed Embalmer No. 4520  
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.