

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-038332

STATE FILE NUMBER

FILED NOV 3 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

9943

S. 300  
1-57

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|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <i>Illinois</i> b. COUNTY <i>St. Clair</i> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <i>ST. LOUIS, MISSOURI</i>       |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <i>E. St. Louis</i><br>Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <i>BARNES HOSPITAL</i> |  | Length of stay in lb<br><i>Few hours</i>   | d. STREET ADDRESS (If outside, give location)<br><i>412 So. 39<sup>th</sup></i><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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|--|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or print)<br>First <i>BERTHA</i> Middle <i>LEE</i> Last <i>WHITE</i> |  |  | 4. DATE OF DEATH<br>Month <i>OCTOBER</i> Day <i>15</i> Year <i>1958</i> |  |  |
|--|--|--|---|--|--|

|                         |                                    |   |                                      |  |   |                                |
|-------------------------|------------------------------------|---|--------------------------------------|--|---|--------------------------------|
| 5. SEX<br><i>Female</i> | 6. COLOR OR RACE<br><i>3 Negro</i> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><i>1-16-1896</i> | 9. AGE (In years from birthday)<br><i>62</i> | IF UNDER 1 YEAR<br>Months <i>8</i> Days | IF UNDER 24 HRS.<br>Hours Min. |
|-------------------------|------------------------------------|---|--------------------------------------|--|---|--------------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><i>Housework</i> | 10b. KIND OF BUSINESS OR INDUSTRY<br><i>At home</i> | 11. BIRTHPLACE (City and state or country)<br><i>Vicksburg Miss</i> | 12. CITIZEN OF WHAT COUNTRY?<br><i>USA</i> |
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|                                      |  |                             |
|--------------------------------------|--|-----------------------------|
| 13a. FATHER'S NAME<br><i>unknown</i> | 13b. MOTHER'S MAIDEN NAME<br><i>Mary Banks</i> | 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) | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><i>Mildred White</i> | Address<br><i>412 So. 39<sup>th</sup></i> |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <i>MYOCARDIAL INFARCTION</i> |  | INTERVAL BETWEEN ONSET AND DEATH<br><i>RECENT</i> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <i>CORONARY THROMBOSIS</i>                           |  | <i>SEVERAL DAYS</i>                               |
| DUE TO (c) <i>ARTERIOSCLEROTIC HEART DISEASE</i>  |  | <i>YEARS</i>                                      |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><i>420.0</i>             |  |   |

|   |  |
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| 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.) |
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|---|---|--|---|
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 |
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| 21. I attended the deceased from <i>APRIL 19, 1957</i> , to <i>OCT. 15, 1958</i> and last saw her/him alive on <i>OCT. 15, 1958</i><br>Death occurred at <i>10:00 P.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated. |
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|                                     |                                   |  |                                     |
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| 22a. SIGNATURE<br><i>FR Bradley</i> | (Degree or title)<br><i>M. D.</i> | 22b. ADDRESS<br><i>BARNES HOSPITAL</i> | 22c. DATE SIGNED<br><i>10/16/58</i> |
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|   |           |   |  |
|---|-----------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><i>10-19-58 Shipping</i> | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY<br><i>Vicksburg Cemetery</i> | 23d. LOCATION (City, town, or county) (State)<br><i>Vicksburg, Miss.</i> |
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| 24. FUNERAL DIRECTOR<br><i>Nash Funeral Home</i> | ADDRESS<br><i>1171 13<sup>th</sup> St</i> | 25. DATE RECD. BY LOCAL REG.<br><i>OCT 17 '58</i> | 26. REGISTRAR'S SIGNATURE<br><i>Carl Smith MD</i> |
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Licensed Embalmer's Statement on Reverse Side

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *M. J. [Signature]* .....

Licensed Embalmer No. *4434*

P. O. Address *117 1/2 St.*

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.