

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI			Length of stay in 1b 203 DAYS		c. CITY OR TOWN EDWARDSVILLE		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 915 NO. GRAND AVE. (VAH)			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 923 KLIEN		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ALONZO Middle WHITE Last				4. DATE OF DEATH Month 10 Day 6 Year 60			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8/3/93	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNEMPLOYED			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) COMMERCE, MISSOURI		12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME WESLEY WHITE			13b. MOTHER'S MAIDEN NAME ELIZA FERAZIER			14. NAME OF HUSBAND OR WIFE LOIS WHITE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-1			16. SOCIAL SECURITY NO. 702-09-5013		17. INFORMANT Address LOIS WHITE (WIDOW) SEE #2		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) SHOCK							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) RHEUMATIC HEART DISEASE							
DUE TO (c) 4/6x							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) GENERALIZED ARTERIOSCLEROSIS					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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							
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. attended the deceased from VA 3/17/60 to 10/6/60 and last saw him alive on 10/6/60 Death occurred at 1:05 PM on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>Robert M. Donati M.D.</i> ROBERT M. DONATI M.D.				22b. ADDRESS VAH, ST. LOUIS, MO.		22c. DATE SIGNED 10/6/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10-8-60	23c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		23d. LOCATION (City, town, or county) Edwardsville, Ill.		(State)
24. FUNERAL DIRECTOR ADDRESS Schneider, Edwardsville, Ill.				25. DATE RECD. BY LOCAL REG. OCT 7 1960		26. REGISTRAR'S SIGNATURE <i>Loan Smith M.D.</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

