

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37899

State File No. ....

DEC 10 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. <sup>159</sup> PRIMARY REG. DIST. NO. <sup>4249</sup> Registrar's No. <sup>86</sup>

1. PLACE OF DEATH a. COUNTY <b>Jefferson County,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hillsboro.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b> <sup>2369</sup>	
c. LENGTH OF STAY (In this place) <b>5 months</b>		d. STREET ADDRESS (If rural, give location) <b>1124 Madison Street.</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Cedar Grove Nursing Home</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOHN</b> b. (Middle) <b>M.</b> c. (Last) <b>WHITE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>11-22-51</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Sept. 7, 1872</b>		9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri,</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>		10b. KIND OF BUSINESS OR INDUSTRY _____	

13a. FATHER'S NAME <b>John White</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Anna White</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unk</b>		16. SOCIAL SECURITY NO. <b>unk</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Anna White, 1124 Madison Str.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral arteriosclerosis with mental deterioration.</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Generalized arteriosclerosis</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>6 to 12 mos.</b>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>352X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **July 1951** to **Nov. 22, 1951**, that I last saw the deceased alive on **Nov. 21, 1951**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Thomas A. Donnell M.D.</b>		23b. ADDRESS <b>Desoto, Mo.</b>		23c. DATE SIGNED <b>11-22-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Nov. 26, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, County, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Leidner Und. Co. 2223 St. Louis Av.</b>		DATE REC'D BY LOCAL REG. <b>11-23-51</b> REGISTRAR'S SIGNATURE <b>Kathleen Marsden</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

500  
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23-51

*Dr. James J. Sannell*

DATE RECEIVED 12-8-51  
MILLSBORO, MISSOURI  
JEFFERSON COUNTY HEALTH DEPT.

JUN 19 1952

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 MR

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Elton R. Remick

Licensed Embalmer No. 4283

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 this body is not embalmed, fact should be so stated above.