U. S. No. 2
10M—5-42
6M. 5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943 I 8

STATE BOARD OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 12973

Registration District No. ____ Primary Registration District No. 1003 Registrar's No. 2888

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Baptist O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED: 94
(a) State Missouri (b) County St. Francois
(c) City or town Bonne Terre 2 N.R. (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) If yes, name country /

3. (a) PRINT FULL NAME Robert White
3. (b) If veteran, name war
3. (c) Social Security No. unknown

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Delie White
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) 1870 (Day) (Year)

8. AGE: Years About 73 Months Days If less than one day hr. min.

9. Birthplace Washington County Missouri O (City, town, or county) (State or foreign country)
10. Usual occupation R. R. Brakeman
11. Industry or business

FATHER
12. Name Eli White
13. Birthplace Washington County Missouri (City, town or county) (State or foreign country)

MOTHER
14. Maiden name Mary Bone
15. Birthplace Washington County Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Eli White
(b) Address Bonne Terre, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Bonne Terre, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) App 27 1943 (Date received by local registrar) (b) J. J. Bredeek (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 23 day apl. year 1943 hour 10 minute 50 A.M.
21. I hereby certify that I attended the deceased from apl-17 1943 to apl-23 1943 that I last saw him alive on 23 apl-23 1943 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Heart Block Chr myocardial damage.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Dr J J O'Dowd (M. D. or other)
Address Terminal Pacific Hospital Date signed 4/23/43

(Licensed Embalmer's Statement on Reverse Side)

MAY 11 1943

3888

3888

## 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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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.**