WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31798

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9155

City St Louis (No. St Johns Hosp. St. ..... Ward)

2. FULL NAME Frances Webb

(a) Residence. No. 5051 Minerva St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: married

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Apr. 12 - 1879

7. AGE: 48 YEARS, MONTHS: 5, DAYS: 29 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housewife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Ill.

PARENTS
10. NAME OF FATHER: John F Rumside
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) N. Carolina
12. MAIDEN NAME OF MOTHER: Mary Toner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ireland

14. INFORMANT: A. Webb
(Address) 5051 Minerva Ave

15. FILED OCT 11 1927 Mayo Starkloff REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 11th 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1927, to Oct 11th, 1927, that I last saw her alive on Oct 11th, 1927, and that death occurred, on the date stated above, at 12 20 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral Hemorrhage
82.8
97 (duration) — yrs. — mos. 6 ds.

CONTRIBUTORY (SECONDARY) Artero Sclerosis
(duration) yrs. unknown mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 5051 Minerva
DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) Harry H Meyer, M. D
10/13, 1927 (Address) 4903 Delmar

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Valhalla ~~Mette Dickman~~ — DATE OF BURIAL: 9-15 1927

20. UNDERTAKER: Mette Dickman 3039 Easton Ave — ADDRESS: 3039 Easton Ave