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.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 38652

Township ..... Primary Registration District No. 1003 Registered No. 11278

City St Louis (No. 3966 Finney St. Ward)

2. FULL NAME Mrs Willie Webester

(a) Residence. No. 3966 Finney St., 11 Ward.
(Usual place of abode) (If nonresident give city or town and State)

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: Female
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mar. 20 1882

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
46	7	26	

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

9. BIRTHPLACE (CITY OR TOWN) Nashville
(STATE OR COUNTRY) Tenn.

PARENTS

10. NAME OF FATHER: Manuel Kennedy.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER: Mary Jane Cathery
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenn.

14. INFORMANT: Alice Strautter
(Address) 1226 So. 3rd St.

15. FILED NOV 20 1928 19 Max C. Starkloff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 17 1928

17. I HEREBY CERTIFY, That I attended deceased from May, 1927, to Nov. 17, 1928, that I last saw her alive on Nov 17, 1928, and that death occurred, on the date stated above, at 1 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
93C Chronic Myocarditis
118C

..... (duration) ..... yrs. 19 mos. ..... ds.

CONTRIBUTORY (SECONDARY) acute Indigestion from eating Sauer Kraut (duration) ..... yrs. ..... mos. 1 hour

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? JB

DID AN OPERATION PRECEDE DEATH? No. DATE OF .....

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) W. P. Curtis, M. D.

11-20, 1928 (Address) 614 N. Jefferson

*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: Washington Park
DATE OF BURIAL: 11/22 1928

20. UNDERTAKER: Manuel Undt. Co.
ADDRESS: 4059 Finney