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.

2664

File No. .....

Registered No. 358

1. PLACE OF DEATH

County ..... Registration District No. 78

Township ..... Primary Registration District No. 1[illegible]

City St. Louis (No. City Hospital St. ..... Ward)

16889

2. FULL NAME George Webb

(a) Residence, No. 3010 Virginia St. 16 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 17-1878

7. AGE: YEARS 53 | MONTHS 8 | DAYS 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: woodworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: unemployed.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

FATHER

13. NAME: Benjamin Webb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): no Carolina

MOTHER

15. MAIDEN NAME: Tella Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): North Carolina

17. INFORMANT (ADDRESS): Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE: National Cem. DATE: Jan 12 1932

19. UNDERTAKER (ADDRESS): C. Hoffmeister N. & Co. 7814 S. Broadway

20. FILED: JAN 12 1932 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 11th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 5th, 1932, to Jan. 11th, 1932
I last saw him alive on Jan. 11th, 1932. Death is said to have occurred on the date stated above, at 8:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Thrombosis of right pulmonary artery	
Chronic Myocarditis	
93C	
93B	

Other contributory causes of importance:

Acute cardiac dilatation

2 Name of operation ..... (1) Date of .....
What test confirmed diagnosis? Clin Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. J. Reichman, M. D.
(Address) City Hospital