

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

Do not use this space.

9954

1. PLACE OF DEATH
 County St James Registration District No. 790
 Township Clayton Central Primary Registration District No. 6083
 City Clayton, Mo (No. St. Louis Co Hosp)
 2. FULL NAME Charles Webb
 (a) Residence, No. Cave Cour. 7th St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

File No. _____
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11/19/32</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>2</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		<u>nil</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>82</u>
10. Date deceased last worked at this occupation (month and year)		<u>79</u>
11. Total time (years) spent in this occupation		<u>79</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St James Mo</u>		
13. NAME <u>William Webb</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Co Mo</u>		
15. MAIDEN NAME <u>Ollie Rose</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St James Mo</u>		
17. INFORMANT (ADDRESS) <u>Williams Webb Cave Cour</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>See See Cem</u> DATE <u>3/23</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Baumann Bros Custard Mo</u>		
20. FILED <u>March 23</u> 19 <u>32</u> <u>H. W. Sullivan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-16-32, 1932, to 3-21-32, 1932.
 I last saw h. l. r. alive on 3-21-32, 1932. Death is said to have occurred on the date stated above, at 10:30 PM.
 The principal cause of death and related causes of importance were as follows:
Brain Abscess (Multiple)
Septic Myositis Thrombotic
Septic Thrombosis
Thrombosis
 Date of onset 3-3-32

Other contributory causes of importance:
Pneumococcus Meningitis
3-20-32

Name of operation None Date of _____
 What test confirmed diagnosis Autopsy 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) John A. Rogers, M. D.
 (Address) Clayton, Mo
St Louis Co Hospital

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.

APR 20 1932

WRITING RESERVED FOR BINDING

