

**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. **701**

Township.....

Primary Registration District No. **10005**

City **St. Louis, Mo.** (No. **5741**, **Enright**)

File No. **11685**

Registered No. **2763**

St. Ward)

2. FULL NAME **George H. Hebb**

(a) Residence, No. **5741 Enright** St. **5** Ward.

(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 **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 **Cora Hebb Webb**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 26, 1874**

7. AGE YEARS **58** MONTHS **10** DAYS **24** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Retired Clerk**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Office**

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) **Boston, Mass.**

13. NAME **Robert Hebb**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass.**

15. MAIDEN NAME **Elizabeth Moore**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass.**

17. INFORMANT (ADDRESS) **Harold Hebb 5741 Enright Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memorial Park** DATE **March 23, 1933**

19. UNDERTAKER (ADDRESS) **Guy Miller 42571 Lindbergh Blvd.**

20. FILED: **5 23 1933** **Miss C. Standley** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 20, 1933**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 19, 1933**, to **Nov 20, 1933**

I last saw him alive on **Nov 20, 1933** Death is said to have occurred on the date stated above, at **1:00 p.m.**

The principal cause of death and related causes of importance were as follows:

nephritis chronic
myocarditis chronic
131
930
Other contributory causes of importance: **131**

Date of onset

Name of operation **physical findings**
What test confirmed diagnosis? Was there an autopsy? **no**

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? **no**
If so, specify.....

(Signed) **H. S. Gibbs**, M. D.

(Address) **5298 page**

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.

RECORDED IN THIS IS A PERMANENT RECORD

2
2
2

Dr. Gibbs
Union + Page.

1 to 3 pm

7 to 8:30 am.