JUN 12 1935

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

Do not use this space.

18051

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. .....

Registered No. 4373

City St. Louis (No. 1507 Vail Place St. ..... Ward)

A 2078

2. FULL NAME Margaret Webb

(a) Residence, No. 1507 Vail Place St., 23 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 22, 1862

7. AGE: Years 72 Months 10 Days 22 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: At Home

10. Date deceased last worked at this occupation (month and year): 1934

11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mechanicsburg Indiana

FATHER

13. NAME: John Gladman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Wales

MOTHER

15. MAIDEN NAME: Armenella Birch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Bell Moore 1507 Vail Place

18. BURIAL, CREMATION, OR REMOVAL

PLACE Herculaneum, Mo DATE May 18, 1935

19. UNDERTAKER (ADDRESS): A. H. McLaughlin 2301 Lafayette Ave

20. FILED MAY 15 1935, 19 J. S. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 14, 1935, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/9, 1935, to 5/14, 1935

I last saw her alive on 5/14, 1935. Death is said to have occurred on the date stated above, at 5:23 PM.

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

arteriosclerotic Heart Disease — Date of onset

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Other contributory causes of importance:

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) L. A. Mitchell, M. D.

(Address) City Hospital

WHITE 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.