

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

Do not use this space.

FEB 11 1936

791
1003
2924

1. PLACE OF DEATH

County Registration District No. 1003
Township Primary Registration District No.
City St. Louis (No. St. Lukes Hosp) St. Ward) 115

2. FULL NAME

David Castleman Webb
(a) Residence, No. 5569 Delmar 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 1 - 1859

7. AGE YEARS 76 MONTHS 11 DAYS 2 If LESS than 1 day, hrs. or min.

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME William Webb

14. BIRTHPLACE (CITY OR TOWN) Hillsboro (STATE OR COUNTRY) Mo. C.

MOTHER 15. MAIDEN NAME Mary Castleman

16. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Ky

17. INFORMANT George C. Tandy (ADDRESS) 4644 Lindell

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan 4 1936

19. UNDERTAKER C. R. Lupton's Sons (ADDRESS) 4449 Olive St

20. FILED JAN - 3 1936 H. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec 31 1935 to Jan 3 1936

I last saw him alive on Jan 2 1936. Death is said

to have occurred on the date stated above, at 5 a. m.

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

Bronchopneumonia Date of onset Jan 1 36
Cardiovascular type - toxic

Other contributory causes of importance: Hypertrophic Prostate with distention

Name of operation None Date of

What test confirmed diagnosis? Phys. Exam. 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) Clifford M. D.

(Address) 758 Arcadia Bldg

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.

