

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.

MAY 7 1936

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

Do not use this space.

17856

1. PLACE OF DEATH

County ..... Registration District No. **791**  
Township ..... Primary Registration District No. **1003**  
City St Louis 740 (No. Sanatorium St. Sanatorium Ward)

2. FULL NAME

Della Webrick  
(a) Residence, No. 2018 1/2 Wash St. near Ward. 21  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred, 35 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) about 1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
About 65 — — —

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. retired housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home housework  
10. Date deceased last worked at this occupation (month and year) about 1917 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

MOTHER FATHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown

17. INFORMANT (ADDRESS) Richard C. Sinclair city day

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U. DATE 4-11-36

19. UNDERTAKER (ADDRESS) Walter Richter 2500 Rutger St

20. FILED APR 28 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 7 1936

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934, to April 7, 1936  
I last saw her alive on April 7, 1936 Death is said to have occurred on the date stated above, at 6:45 P.M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of Bladder Date of onset Jan 36

Other contributory causes of importance: Involuntal Melancholia 1921

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

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 Richard C. Sinclair, M. D.  
(Signed) city Sanatorium  
(Address)

