

AUG 1 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.....)

Registration District No. 791
Primary Registration District No. 1003
City Sanitarium.....

File No. 28539
Registered No. 7304
St. Ward)

2. FULL NAME Hattie Webster

(a) Residence, No. 3551 Victor St., St., 17 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 8 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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 25

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

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

10. Date deceased last worked at this occupation (month and year) about 1921 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concord Illinois13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown17. INFORMANT A. E. Miller M.D.
(ADDRESS) 5400 Arsenal St.18. PLACE OF DEATH (CITY OR TOWN) (STATE OR COUNTRY) CONCORD ILLINOIS
PERSONVILLE ILL DATE 7/16 193619. UNDERTAKER FRED M. WILLIAMS
(ADDRESS) 4535 WASHINGTON20. FILE JUL 15 1936 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14, 193622. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936 to July 14, 1936I last saw her alive on July 14, 1936 Death is saidto 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:

Broncho-Pneumonia 1936x Date of onset

Other contributory causes of importance:
Senility 1930x
Chronic Myocarditis 1935x

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? no

If so, specify.....

(Signed) A. E. Miller, M. D.(Address) 5300 Arsenal

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

X 7044

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.

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