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.

AUG - 5 1937

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

Do not use this space.

File No. 25895
Registered No. 7069

1. PLACE OF DEATH

County ..... Registration District No. 2 791
Township ..... Primary Registration District No. 1003
City St. Louis, Mo. (No. 5331 Delmar St. ..... Ward)

2. FULL NAME John R. Webber

(a) Residence, No. 5351 Delmar Blvd. St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. 4 mos. 19 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Mary C. Webber

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22, 1846

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	91	2	2	

OCCUPATION

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

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

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) Potosi, Missouri

FATHER

13. NAME Matthew Webber

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER

15. MAIDEN NAME Julia Brockley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Wilmoth Walley (ADDRESS) 5351 Delmar City

18. BURIAL, CREMATION, OR REMOVAL Bellefontaine Cem. DATE July 28, 1937

19. UNDERTAKER Drehmann Harris (ADDRESS) 1905 Union Blvd.

20. FILED JUL 26 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 24, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from August 29, 1929, 19 to July 24, 1937, 19

I last saw him alive on July 23, 1937, 19 Death is said to have occurred on the date stated above, at 4.20 A. M.

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

	Date of onset
Chr. Myocarditis	2 yrs.
Other contributory causes of importance:	
Senility	1 yr.

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

What test confirmed diagnosis? Phy. Ex. 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) Solon Sommers M. D.

(Address) 508 N. Grand Blvd.