

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.

OCT 14 1937

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

32177

Do not use this space.

1. PLACE OF DEATH

(a) County.....  
(b) Township.....  
(c) City ST LOUIS  
(e) Length of residence in city or town where death occurred yrs. mos. ds.

Registration District No. 791

Primary Registration District No. 1003

Registered No. 8231

(d) Street No. ST LUKE'S HOSPITAL St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ETTA WEBBER PEMBERTON  
(a) Residence, No. 345 E. ARGONNE DR. St. KA KIRKWOOD MO.  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOW  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF HENRY W. PEMBERTON  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 26 - 1869  
7. AGE YEARS 68 MONTHS 3 DAYS 6 If LESS than 1 day, hrs. min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) GALATIA (STATE OR COUNTRY) ILLINOIS

FATHER 13. NAME JOSEPH R WEBBER 14. BIRTHPLACE (CITY OR TOWN) GALATIA (STATE OR COUNTRY) ILLINOIS

MOTHER 15. MAIDEN NAME RACHEL KARNES 16. BIRTHPLACE (CITY OR TOWN) GALATIA (STATE OR COUNTRY) ILLINOIS

17. INFORMANT MISS S. H. PEMBERTON e.c.a (ADDRESS) 345 East Argonne

18. BURIAL, CREMATION, OR REMOVAL PLACE OAK HILL DATE SEPT. 2, 1937

19. FUNERAL DIRECTOR Parker and Co (ADDRESS) Webster Groves Mo  
J. Bredeck

20. FILED SEP 1 1937 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 1930 to Sept 1st 1937  
I last saw her alive on Aug 31, 1937. Death is said to have occurred on the date stated above, at 7 A. m.

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

Broncho Pneumonia - Bacterial  
Edema of Brain  
Encephalitis epidemic

Other contributory causes of importance:

Name of operation none Date of none  
What test confirmed diagnosis Autopsy Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? none Date of injury none, 19...

Where did injury occur? none (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none  
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify W. Webster & Sons  
(Signed) W. Webster & Sons  
(Address) Webster Groves Mo

MAR 12 1958

STATEMENT BY LICENSED EMBALMER

I, l. l. Aldrich, Licensed Embalmer No. 1332

hereby certify that the body recorded on the reverse side of this certificate was embalmed by l. l. Aldrich

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed l. l. Aldrich

Licensed Embalmer No. 1332

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)