OCT 14 1937

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

Do not use this space.
32904

Registration District No. 791
Primary Registration District No. 1003
File No.
Registered No. 8958

1. PLACE OF DEATH
County
Township
City ST. LOUIS (No. FRISCO HOSPITAL St. Ward)

2. FULL NAME H. A. Webb. (HARRY A. WEBB)
(a) Residence, No. 5523 Palm St., Ward
(Usual place of abode) (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) MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF NELLIE. M. WEBB
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 23 1901
7. AGE YEARS 36 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. SWITCHMAN
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FRISCO R.R.
10. Date deceased last worked at this occupation (month and year) 8/1/37
11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

FATHER
13. NAME ALBERT. W. WEBB
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

MOTHER
15. MAIDEN NAME SUSANNA OHLHAUSEN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO.

17. INFORMANT (ADDRESS) NELLIE. M. WEBB. 5523 PALM ST ST. LOUIS
18. BURIAL, CREMATION, OR REMOVAL
PLACE Valle Chapel DATE Sept 27 37
19. UNDERTAKER BAUMANN BROS Und Co. INC
(ADDRESS) CUCKLAND Mo
20. FILED SEP 25 1937 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23, 1937
22. I HEREBY CERTIFY, That I attended deceased from 9/16/37, 19, to 9/23, 1937
I last saw him alive on 9/23, 19 7. Death is said to have occurred on the date stated above, at 1145 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
~~Meningo-vascular lues~~	
Tracheomenin fro (Lusty)	May 1937

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? Spinal Tap x WGD. 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
(Signed) Arthur C. Barrow, M. D.
(Address) Frisco Hosp.

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.