

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.

DEC 13 1937
ISOLATION HOSPITAL

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

Do not use this space.

39611

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St Louis Mo. (No. Isolation Hospital) St. 10598 (Ward)

2. FULL NAME Naoma Jane Webb.

(a) Residence, No. 6217a Cotebrillant St. N R Ward. St. Louis Co.
(Usual place of abode)

Length of residence in city or town where death occurred 3 yrs. 11 mos. ds. How long in U. S., if of foreign birth? 79 yrs. 100 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX White 4. COLOR OR RACE Female 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17th 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 11 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) St Louis Mo

13. NAME William Wenb
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Ruby Walling.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Stella Grady.
5600 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL Memorial Park Cem., DATE Nov. 16/37.

19. UNDERTAKER (ADDRESS) Jos. W. Clark
1125 Hodiamont Ave.

20. FILED NOV 16 1937 Registrar J. Bredbeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/ 15/ 19 37

22. I HEREBY CERTIFY, That I attended deceased from 11/2/ 19 37 to 11/ 15/ 19 37

I last saw her alive on 11/15/ 1937. Death is said to have occurred on the date stated above, at 11:58 A.M
The principal cause of death and related causes of importance were as follows:

measles Date of onset 11:1:37
Encephalitis (Post-Infantious) 11:2:37

Other contributory causes of importance: 7

Name of operation 77.2.12.c. Date of.....
What test confirmed diagnosis? clinical Was there an autopsy? yes

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 St. Louis (Signed) Thomas J. Bredbeck, M. D.
(Address) 5600 Arsenal

