REC'D JUN 9 1938

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

791
1003

16504
Do not use this space.

Registered No. 4365

1. PLACE OF DEATH

(a) County ..... Registration District No. 1003

(b) Township ..... Primary Registration District No. .....

(c) City St. Louis (d) Street No. City Hospital No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

D. 1724

2. PRINT FULL NAME Willie Webb 100

(a) Residence, No. 2628 Park St. 23
(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: male

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown ?

7. AGE: 81 YEARS About; MONTHS; DAYS; If LESS than 1 day, ... hr. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as 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) unknown ? 9

FATHER

13. NAME unknown ? 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown ? 9

MOTHER

15. MAIDEN NAME unknown ?

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown ?

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL
PLACE Missouri Crem. DATE 5-12-38, 19

19. FUNERAL DIRECTOR (NAME) Craig Und. Co.
(ADDRESS) 4468 Washington Blvd.

20. FILED MAY 12 1938 J. F. Bredeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/10/38, 19

22. I HEREBY CERTIFY, That I attended deceased from 5/6/38, 19, to 5/10/38, 19

I last saw him alive on 5/10/38, 19. Death is said to have occurred on the date stated above, at 10.05 a m

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

	Date of onset
Cerebral Thrombosis (Left internal Capsule)	
Arterio-sclerosis	

Other contributory causes of importance:

Broncho-pneumonia	

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

What test confirmed diagnosis? ..... 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? .....

If so, specify .....

(Signed) E. H. Trowbridge Jr., M. D.

(Address) City Hospital No. 1

Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....,

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.