

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

2 loops
REC'D AUG 12 1938

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

23968
Do not use this space.

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1008

Registered No. 6662

2. PRINT FULL NAME Benjamin Franklin Webb

(a) Residence, No. St. NR
(Usual place of abode, if no street address, write county or city)

(d) Street No. BARNES HOSPITAL
(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.

Duquoin Ill
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jessie Webb
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) ABOUT 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 59 ABOUT

OCCUPATION
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. Coal Miner
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) MOUND CITY Illinois

FATHER
13. NAME William R.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NASHVILLE Tenn

MOTHER
15. MAIDEN NAME Rach Holman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) NASHVILLE Tenn

17. INFORMANT (ADDRESS) JESSIE WEBB DUQUOIN, ILL

18. BURIAL CREMATION, OR REMOVAL PLACE DUQUOIN ILL DATE 7/28 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) ALBERT H. HOPPE 429 N. EUCLID AVE

20. FILED JUL 26 1938 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-25-38 1938
22. I HEREBY CERTIFY, That I attended deceased from 7-5-1938, to 7-25-1938, 1938
I last saw him alive on 7-25-1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of ascending colon
HCC
Other contributory causes of importance: Bronchopneumonia, post-op

Name of operation Ileo colostomy Date of 7-22-38
What test confirmed diagnosis? Was there an autopsy? y. eo.

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) Alfred Gellhorn M. D.
(Address) BARNES HOSPITAL

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

J. G. Sullivan

Licensed Embalmer No.

1122

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.