

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH27395
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **1008**
 (b) Township..... Primary Registration District No. Registered No. **7409**
 (c) City **St. Louis** (d) Street No. **Homer Phillips Hospital** 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 **14** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Thomas Webb
 (a) Residence, No. **1716 Austin** St. **22** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE C	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 26, 1886			
7. AGE	YEARS 51	MONTHS 10	DAYS 18
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Porter		
	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)..... Louisiana (STATE OR COUNTRY)			
FATHER	13. NAME Eugene Webb		
	14. BIRTHPLACE (CITY OR TOWN)..... Mississippi (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME Lucinda Twiley		
	16. BIRTHPLACE (CITY OR TOWN)..... Mississippi (STATE OR COUNTRY)		
17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier			
18. BURIAL, CREMATION, OR REMOVAL PLACE Helewood DATE Aug 22, 1938			
19. FUNERAL DIRECTOR (NAME) English Undertaking Co (ADDRESS) 2931 Lucas Ave			
20. FILED AUG 22 1938 J. D. Brebeck Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 14 , 19 38
22. I HEREBY CERTIFY, That I attended deceased from April 18 , 19 38 , to Aug. 14 , 19 38 I last saw h. im alive on Aug. 14 , 19 38 Death is said to have occurred on the date stated above, at 10:20p m. The principal cause of death and related causes of importance were as follows: Diabetes Mellitus Pulmonary edema Other contributory causes of importance: Diabetes Mellitus Date of onset 4/18/38
Name of operation..... 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 Diabetes Mellitus , M. D. (Signed) J. D. Brebeck (Address) 2601 N Whittier

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,

Raymond E. Gehlke

or by

Registered Apprentice No., working under my personal supervision.

Signed

Raymond E. Gehlke

Licensed Embalmer No.

3985

P. O. Address

St Louis, Mo

*City license
#99*

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.