

1938 OCT 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

30612
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 1008
 (b) Township..... Primary Registration District No.
 (c) City..... (d) Street No. Earnes Hospital Registered No. 8049
 (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.

2. PRINT FULL NAME

Frank Floyd Webb

(a) Residence, No. 501 Cypress St. KA Hannibal, Mo
 (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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 2 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
34 0 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machinist
 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): Hannibal Mo
 (STATE OR COUNTRY)

FATHER 13. NAME George Webb

14. BIRTHPLACE (CITY OR TOWN): Hannibal Missouri
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Viola Yancey

16. BIRTHPLACE (CITY OR TOWN): Hannibal Mo
 (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Charles Webb 2419 Market Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Not done DATE 9-13-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Sullivan Underwood 2419 No Euclid Hannibal Mo

20. FILED SEP 12 1938 J. B. Underwood Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 10 1938

22. I HEREBY CERTIFY, That I attended deceased from 9-7-38 to 9-10-38
 im alive on 9-10-38 Death is said to have occurred on the date stated above, at 4:40 m.

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

Cerebral hemorrhage Date of onset 8-1-38

Other contributory causes of importance: J. J.

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

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

Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) Emmett B. Drescher, M. D.

(Address) BARNES HOSPITAL

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEC 10 1952

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,

Albert Mayfield

, or by

Registered Apprentice No. working under my personal supervision.

Signed.....

Albert Mayfield

Licensed Embalmer No.

3077

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

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