

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1. PLACE OF DEATH: 1008 2
 (a) County _____
 (b) City or town St. Louis.
 (c) Name of hospital or institution 948 Hickory St.
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ Life. (Specify whether _____)
 years, months or days)

3. (a) PRINT FULL NAME Mary Webbe. 160
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 9 1912
 (Month) (Day) (Year)

8. AGE: Years 27 Months 0 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis. Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation at Home.

11. Industry or business _____

12. Name Michael Webbe. 7

13. Birthplace Syria. 7

14. Maiden name Leaise Beasure. (State or foreign country)
 15. Birthplace Syria. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Michael Webbe.
 (b) Address 948 Hickory. St.

17. (a) Burial (b) Date thereof Nov 22/39
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St Peter + Paul

18. (a) Signature of funeral director Thordites
 (b) Address 2906 Gravois Ave.

19. (a) NOV 21 1939 (b) J. P. ...
 (Date received local registrar) (Signature of Registrar)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County _____
 (c) City or town St. Louis. 22
 (d) Street No. 948 Hickory St. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 19th year 1939 hour 4 50 A. M. minute _____ M.
 21. I hereby certify that I attended the deceased from Nov 16 1939 to Nov 19 1939 that I last saw her alive on Nov 18 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of Bowel - Due to Carcinomatous Degeneration
 Due to Carcinoma Paenod
 Due to General Carcinomatous
 Other conditions None
 (Include pregnancy within 3 months of death)
 Major findings: Carcinoma of Sigmoid
 Of operations _____
 Of autopsy No

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature J. P. ... (M. D. or other) _____
 Address ... Date signed 11/20/39

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.....

Thos Lutus

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Thos Lutus

Licensed Embalmer No. *1619*

P. O. Address. *2906 Grand*

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.