

No. 2
4-13-40
5-17-39
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FILLED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9248
Registrar's No. 2658

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
In this community 11 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Willie Webster
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Wife 6. (c) Age of husband or wife if alive Unk. years
7. Birth date of deceased May 30, 1912
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 9 22 hr. min.

9. Birthplace Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Webster
13. Birthplace Miss.
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace ?
(City, town, or county) (State or foreign country)

16. (a) Informant Roseanne A. Spotts
(b) Address Homer G. Phillips Hospital

17. (a) Burial (b) Date thereof 3-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Homer G. Phillips Hospital

18. (a) Signature of funeral director W. Robert Spotts
(b) Address 303 E. ...
19. (a) MAR 25 1941 (b) J. J. ...
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 21
(c) City or town St. Louis 000
(If outside city or town limits, write "RURAL") 17
(d) Street No. 810 N. Compton 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 22nd
year 1941 hour 8:10 minute A. M.

21. I hereby certify that I attended the deceased from March 3, 1941 to March 22, 1941
that I last saw him alive on March 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 7 yrs.
Duration

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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 Clarence Allen (M. D. or other) J.
Address 2601 N. Whittier Date signed _____
(Specify type of place) (Means of injury)

5-24-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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17
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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, fact should be so stated above.