

S. No. 2
-1-4-41
5-17-39
PI X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19814
Registrar's No. 4626

FILED JUL 21 1941
791

Registration District No. _____ 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 14 days
(Specify whether _____)
In this community 33 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No 1016 Eureka St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 30
year 1941 hour 10 minute 30 a.m.
21. I hereby certify that I attended the deceased from
5-24 1941 to 5-30 1941
that I last saw h _____ alive on _____ 19 _____;
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive ND years
7. Birth date of deceased MAY 13 1885
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 2 das.
Hydronephrosis 2 wks.

8. AGE: Years 56 Months - Days 27 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

9. Birthplace ST. LOUIS COUNTY, MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSE WORK

11. Industry or business _____
12. Name JAKE WHITE
13. Birthplace MO
(City, town, or county) (State or foreign country)
14. Maiden name ELLEN HALL
15. Birthplace MO
(City, town, or county) (State or foreign country)

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

16. (a) Informant WILLIAM HAWKINS
(b) Address 2815a DAYTON
17. (a) BURIAL (b) Date thereof 6 3 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GREEN WOOD CEM
18. (a) Signature of funeral director METROPOLITAN FUN
(b) JUN 3 1941
19. (a) JUN 3 1941 (b) J. W. ...
(Date received local registrar) (Registrar's signature)

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?
While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature ... (M. D. or other) _____
Address 2601 N. Whittier St. Date signed 6-2-41

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

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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

Chas. L. Howell

Licensed Embalmer No.

2452

P. O. Address

2820 Decatur

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.