

S. No. 2  
 DM-1-4-41  
 v. 5-17-39  
 K26390

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
 STANDARD CERTIFICATE OF DEATH  
 1003

State File No. 1001  
 Registrar's No. 261

FILED FEB 24 1942  
 Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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

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

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4363 Aldine St.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Isaac Webb, Sr.  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month January day 6th  
 year 1942 hour 9 minute 45 P.M.

4. Sex Male 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Lillian J.  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased: June 9th, 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
 that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death: Cerebral Hemorrhage Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>6</u>	<u>25</u>	hr. _____ min. _____

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

9. Birthplace Sardis | Mississippi  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Janitor

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

MOTHER FATHER {  
 11. Industry or business \_\_\_\_\_  
 12. Name Jesse Webb  
 13. Birthplace Sardis | Mississippi  
(City, town, or county) (State or foreign country)  
 14. Maiden name Fannie Anderson  
 15. Birthplace Sardis | Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian J. Webb  
 (b) Address 4363 Aldine Street  
 17. (a) Removal (b) Date thereof 1-11-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lebanon, Illinois

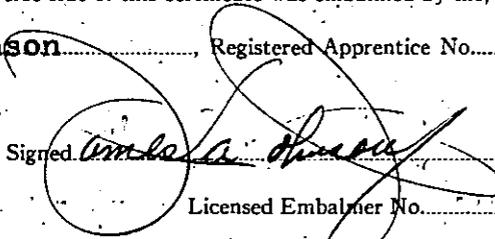
22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on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

18. (a) Signature of funeral director Charles J. Gates  
 (b) Address 4107-09 Finney Avenue  
 19. (a) Jan 7 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
 (Specify type of means of injury)  
 23. Signature Alfred Meyer (M. D. or other) \_\_\_\_\_  
 Address 290 Charles Avenue Date signed 1/8/42

**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.....  
.....**James Arthur Johnson**....., Registered Apprentice No.....  
working under my personal supervision.

Signed .....

Licensed Embalmer No..... **3522**.....

P. O. Address..... **4107 Finney Ave.**.....

**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.**