

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3795

FILED JAN 27 1942

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 127

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans' Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 11/9/41  
(Specify whether  
In this community Since 11/9/41  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4211 Iowa Avenue  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No)  
If yes, name country -

3. (a) PRINT FULL NAME Warren W. Webb

3. (b) If veteran, name war SPANISH-AMERICAN 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Cora 6. (c) Age of husband or wife if alive - years

7. Birth date of deceased. February 22 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67 10 23 - hr. - min.

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

10. Usual occupation Cook

11. Industry or business -

12. Name Reuben Webb

13. Birthplace Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Mollie Knight  
(City, town, or county) (State or foreign country)

15. Birthplace Florida  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schuller

(b) Address Clinical Clerk, VAF, Jeff. Brks., Mo.

17. (a) Removal (b) Date of removal Jan. 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director [Signature]

(b) Address East St. Louis, Ill.

19. (a) JAN 15 1942 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 15  
year 1942 hour 9:40 minute A. M.

21. I hereby certify that I attended the deceased from November 9  
19 41 to January 15 19 42

that I last saw him alive on January 15 19 42  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the stomach, pyloric area, with extension to the pancreas.

Duration  
Unknown

Other conditions -  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations -

Of autopsy Yes - see cause of death.

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 on or about home, on farm, in industrial place, in public place?  
-

While at work [Signature]  
(Specify type of place) (Date of injury)

23. Signature L. M. COCHRAN, M.D. (M. D. or other)  
Address Chief Medical Officer. Date signed -

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

600

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FEB 6

1942

**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. .... 3167

P. O. Address. East St. Louis, Ill.

**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.**