No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5109 980

Registration District No. 791 Primary Registration District No. 100 Registrar's No.

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community 14 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 519 S. Garrison
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Webber
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race Col
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 April (Month) 6 (Day) 1927 (Year)

8. AGE: Years 14 Months 9 Days 20 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation School Boy
11. Industry or business
MOTHER FATHER
12. Name Titus Webber
13. Birthplace (City, town, or county) Miss. (State or foreign country)
14. Maiden name Annie Mooter
15. Birthplace (City, town, or county) Miss. (State or foreign country)
16. (a) Informant Annie Mooter
(b) Address 519 So Garrison ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-31-42 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park
18. (a) Signature of funeral director F. A. Green
(b) Address 2915 Franklin Avenue
19. (a) JAN 31 1942 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26, year 1942 hour 7 minute 15 A. M.
21. I hereby certify that I attended the deceased from January 23, 1942 to January 26, 1942 that I last saw him alive on January 26, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia	4 days
cause unknown	
Due to	
Due to 24 a.	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 24	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature J. W. Johnson (M. D. or other)
Address 2601 N. Whittier Date signed 1/26/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 F. A. Olsen

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin a

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.