V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY [illegible] 1941

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 13163

Registrar's No. 3897

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

50

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:
2819 Lafayette
(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 600

(c) City or town St, Louis 23 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2819 Lafayette 9
(If rural, give location)

(e) Citizen of foreign country? 6 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Barry Webb

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Louise Webb

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased July (Month) 9 (Day) 1908 (Year)

8. AGE: Years 33 Months 9 Days 21 If less than one day hr. min.

9. Birthplace Perry Co. Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

FATHER
12. Name James Webb
13. Birthplace Franklin Co, Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lousenia Isom
15. Birthplace Jefferson Co, Ill. (City, town, or county) (State or foreign country)

16. (a) Informant Louise Webb
(b) Address 2819 Lafayette

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/1/42 (Month) (Day) (Year)
(c) Place: burial or cremation DuQuoin Ill.

18. (a) Signature of funeral director Albert H Hoppe
(b) Address 4700 Washington

19. (a) MAY 1 1942 (Date received local registrar) (b) J. F. Biedick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 29
year 1942 hour 6 minute 50 P.M.

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: Asphyxiation due to Drowning when found floating in the Mississippi River at the foot of Stein St on 4/29/42

Due to: 6.50 pm Time Cause and Manner of same could not be Determined

Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings
Of operations 183-3

Of autopsy 210

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) Open Verdict

(b) Date of occurrence 4/29/42 000

(c) Where did injury occur? St Louis (City or town) (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
01 Mississippi River (Specify type of place)

While at work? (e) Means of injury 3

23. Signature Thomas F Callan (M.D. or other)

Address Deputy Coroner Date signed 5/1/42

(Licensed Embalmer's Statement on Reverse Side)

H8

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 No Embalm

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.