

16789

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4588

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St Louis
(c) Name of hospital or institution: St Mary's Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)
In this community 4 days
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Ill. (b) County St Clair
(c) City or town Brooklyn, NR
(If outside city or town limits, write "RURAL")
(d) Street No. 122 N. 6th St.
2 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME LIONEL IRVING WEBB
(b) If veteran, name war none (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 26
year 1942 hour 4 minute 30 P.M.
21. I hereby certify that I attended the deceased from 5/20 + Birth
1942, to 5/26, 1942

4. Sex male 2 race Colored 5. Color or race _____
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 March 2 1942
(Month) (Day) (Year)

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death Neuritis of Urethra Duration 2 days

8. AGE: Years _____ Months 2 Days 24 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

9. Birthplace St Louis Mo. D
(City, town, or county) (State or foreign country)

Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation Infant

Major findings: Of operations _____

11. Industry or business _____

MOTHER FATHER
12. Name Oliver Webb
13. Birthplace Team 1
(City, town, or county) (State or foreign country)
14. Maiden name Simple Brown
15. Birthplace Brooklyn Ill
(City, town, or county) (State or foreign country)

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

18. (a) Informant's own signature Simple Brown

22. If death was due to external causes, fill in the following:

(b) Address 122 N. 6th St Brooklyn Ill.

(a) Accident, suicide, or homicide (specify) _____

17. (a) Burial (b) Date thereof May 27-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Date of occurrence _____

(c) Place: burial or cremation Washington Park

(c) Where did injury occur? _____ (City or town) (County) (State)

18. (a) Signature of funeral director J. Marshall

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(b) Address 2205 N. 6th St St Louis Ill.

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

19. (a) MAY 27 1942 (b) J. F. Prodel
(Date received local registrar) (Registrar's signature)

23. Signature E. F. Windsor (M. D. or other) _____
Address 1005 N. 2nd St Date signed 5/26/42

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

Rev. 5-17-39 I 101511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 *Lyla Hughes*
Licensed Embalmer No. *2938*
P. O. Address *St Louis mo*

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, above space should be left blank.