

Title SEP-8 1942
Registration District No. 784

Primary Registration District No. 101

96
2
3
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Hour 28 Min.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")
(d) Street No. 544 Emma
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Boy Webster
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH, Month 17 day June
year 1942 hour 2:50AM. minute _____ M.

4. Sex Male 9 5. Color or race Colored
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. 6 17 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-17-42, 19____ to 6-17-42, 19____
that I last saw him alive on 6-17-42, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory embolism
stroke
Duration 18 min

8. AGE: Years _____ Months _____ Days _____ If less than one day 1 hr. 28 min.

Due to: Prematurity - 6 mo
Due to: _____

9. Birthplace Clayton Missouri
(City, town, or county) (State or foreign country)

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

10. Usual occupation nil

Major findings: Of operations: 159
Of autopsy: _____

11. Industry or business _____

12. Name Walter Webster

13. Birthplace ? (State or foreign country)

14. Maiden name Liberta Kelly (City, town, or county) (State or foreign country)

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

16. (a) Informant Walter Webster

(b) Address 544 Emma, Webster Groves

17. (a) Prima (b) Date thereof AUG 14 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ann's Cemetery

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

(b) Address St. Ann's Cemetery

19. (a) AUG 13 1942 (b) E. J. ...
(Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____

While at work? Yes (M. D. or other) no

23. Signature St. Louis County Hospital (M. D. or other) no
Address St. Louis County Hospital Date signed 6-23-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

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.