

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3778**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**
(b) City or town **ST. LOUIS**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
S.T. MARY'S INFIRMARY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **EMMA WEBB**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **FEMALE** 5. Color or race **COL** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **MARSHAL WEBB** 6. (c) Age of husband or wife if alive **70** years

7. Birth date of deceased **12 - 5 - 1877**
(Month) (Day) (Year)

8. AGE: Years **65** Months **4** Days **17** If less than one day hr. min.

9. Birthplace **HELNER ARK I**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSE WIFE**

11. Industry or business.....

12. Name **GEO. STRONG**

13. Birthplace **ARK I**
(City, town, or county) (State or foreign country)

14. Maiden name **Jane** (not known)

15. Birthplace **ARK I**
(City, town, or county) (State or foreign country)

16. (a) Informant **J. H. Webb**

(b) Address **2812 1/2 Chouteau**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **4-27-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Washington Park Cem**

18. (a) Signature of funeral director **J. Watson**

(b) Address **2769 Chouteau ave**

19. (a) **APR 28 1943** (Date received local registrar) (b) **J. F. Brodeur** (Registrar's signature)

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. **3218 Chouteau**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Apr** day **22**
year **1943** hour **6** minute **45** 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.....
Cerebral hemorrhage
nephrosclerosis

Due to.....
131

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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?

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

23. Signature **Alfred Perry** (M. D. or other).....

Address **Chouteau** Date signed **4/21/43**

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

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

S. J. Watson

Licensed Embalmer No. *2698*

P. O. Address. *2769 Chouteau*

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.