

FILED APR 19 1943
Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 3398

1. PLACE OF DEATH:

(a) County _____

(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1039aThebold Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community Unknown
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town _____
(If outside city or town limits, write "RURAL")

(d) Street No. 107 Chambers Rd, Baden Sta.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary Jane Webb

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

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

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

7. Birth date of deceased November 7, 1858
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Not known Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER FATHER

12. Name Obeidie Dennis

13. Birthplace Not known England
(City, town, or county) (State or foreign country)

14. Maiden name Martha Crouch

15. Birthplace Not known England
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Paul Toelle

(b) Address 1039aThebold Ave

17. (a) Burial (b) Date thereof 4/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 11 1943 (b) J. P. Redneck
(Date received local file) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10,
year 1943 hour 3:45 AM minute _____ M.

21. I hereby certify that I attended the deceased from Apr 6 1943 to April 9 1943
that I last saw h. er alive on April 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia (Bronchial) 50as
General exsanguination

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 107

Major findings:
Of operations _____

Of autopsy 0

Duration _____

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

23. Signature Wm. H. Knight (M. D. or other) _____
Date signed 4/10/43

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 William S. Burkholder
Licensed Embalmer No. 2110
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, fact should be so stated above.