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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 6 1943

Registration District No. 17

Primary Registration District No. 3063

Registrar's No. 899

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

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton Twp.
(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 _____ (Specify whether
In this community _____ 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. 553 Holland
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

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3. (a) PRINT FULL NAME Charleston Webster

3. (b) If veteran, name war _____

3. (c) Social Security No. 498-05-8743

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Augusta

6. (c) Age of husband or wife if alive 3 years

7. Birth date of deceased May (Month) 31 (Day) 1896 (Year)

8. AGE: Years 45 Months 10 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Tenn. (State or foreign country)

10. Usual occupation Laborer

11. Industry or business _____

FATHER
12. Name John Webster
13. Birthplace _____ (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Mary Farris
15. Birthplace _____ (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Mary Annis Webster
(b) Address 553 Holland, Webster Groves

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Father Dickson Cem.

18. (a) Signature of funeral director J. C. Lewis
(b) Address Webster Groves, Mo.

19. (a) 4-17-43 (Date received local registrar) (b) C. G. McGarvey MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1943 hour 2 minute 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 By a skull fracture received from a fall about a year and a half ago.

Due to Petechial hemorrhages into conjunctivae, myocardium, endo-

Due to cardium & mucosa of jejunum; Bilateral adrenal hemorrhage;

Other conditions Adv. pulmonary edema.
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1866

Of autopsy Accident. Yes. 1/1 10

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) Accident 135
(b) Date of occurrence March 31, 1941 half ago.
(c) Where did injury occur? Kirkham Rd., Webster (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature Louis H Bopp Coroner (M.D. or other)
Address Kirkwood, Mo. 4-15-43 Date signed _____

907 (Licensed Embalmer's Statement on Reverse Side)

MAY 6 1943

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 J. C. Lewis

Licensed Embalmer No. 2027

P. O. Address Webster Groves

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.