. S. No. 2
0M—5-43
ev. 5-17-39
o I X36671

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

#34034
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 29930

FILED SEP 30 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8212

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 0
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 25

(d) Street No. 304 Clark Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Sheridan Webster

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Amelia Webster

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June (Month) 27 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
80	2	27	hr. min.

9. Birthplace Dongola Ill. (City, town, or county) 1 (State or foreign country)

10. Usual occupation PRINTER

11. Industry or business

FATHER
12. Name Daniel Webster
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Wendell Webster
(b) Address 4142 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9 (Month) 27 (Day) 1944 (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Helen Imbierowicz
(b) Address 5401 So Grand

19. (a) SEP 26 1944 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 24th year 1944 hour 8:05 minute P M.

21. I hereby certify that I attended the deceased from 9/17/44, 19, to Sept. 24th, 19 44 that I last saw him alive on Sept. 24th, 19 44 and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Hv. Disease

Due to

Due to 93d

Other conditions (Include pregnancy within 3 months of death) Generalized Arteriosclerosis

Major findings:
Of operations

Of autopsy

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature Frank Glaubers (M. D. or other)

Address 1515 Lafayette Date signed 9/25/44

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonowski

Licensed Embalmer No. 3398

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.