

FILED MAY 12 1945

1003

3943

Registration District No. 318

Primary Registration District No.

Registrar's No.

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

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:
Deaconess
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **10 days**
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME..... **Josephine 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..... **married**

6. (b) Name of husband or wife..... **Henry Webb**
6. (c) Age of husband or wife if alive..... **57** years

7. Birth date of deceased..... **September 19, 1887**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	7	12	hr. min.

9. Birthplace..... **Caseyville Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **John M. Hueckel**

13. Birthplace..... **Alsace Loraine, France**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Josephine Baldus**

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

16. (a) Informant..... **Henry C. Webb**
(b) Address..... **Caseyville, Illinois**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof..... **May 4, 1945**
(Month) (Day) (Year)
(c) Place: burial or cremation..... **Caseyville, Illinois**

18. (a) Signature of funeral director..... **Wesley Baldwin**
(b) Address..... **Belleville, Illinois**

19. (a) **MAY 3 1945**
(Date of local registrar) (b) **J. F. Brudeck**
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Illinois** (b) County..... **St. Clair**
(c) City or town..... **Caseyville**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... **no**
(Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st**
year **1945** hour **2** minute **P.M.** M.

21. I hereby certify that I attended the deceased from **4-25-45**
....., 19....., to **May 1**, 19 **45**

that I last saw h. **GR** alive on **May 1**, 19 **45**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Tubercular Meningitis.**
Duration..... **10 days**

Due to..... **As above**

Due to..... **(Diagnosis made 6 hours before death).**

Other conditions..... **None.**
(Include pregnancy, within 3 months of death)

Major findings:
Of operations.....
Of autopsy..... **Tubercular Meningitis.**
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..... **Arthur H. Roy**
(M. D. or other)
Address..... **Univ. Club Bldg.** Date signed..... **5-3-45**

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:

Edgar A. Baldus

Licensed Embalmer No. *2846*

P. O. Address *Belleville, Ill*

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.