S. No. 2
M—2-43
. 5-17-39
P X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19328

Registration District No. 318

Primary Registration District No. L 3003

Registrar's No. 4642

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:
Res: 4604 Westminster Place.
(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: 000

(a) State Missouri. (b) County 12

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

(d) Street No. 4604 Westminster Place.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ELLA WILCOX WEBSTER.

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 Widowed.

6. (b) Name of husband or wife Roderick W. Webster.

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

7. Birth date of deceased May (Month) 27, (Day) 1868. (Year)

8. AGE: Years 76. Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation At Home.

11. Industry or business

FATHER
12. Name George A. Wilcox.
13. Birthplace St. Louis, (City, town, or county) Missouri. (State or foreign country)

MOTHER
14. Maiden name Mary E. Roswell.
15. Birthplace Independence, (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Frances W. Saunders.
(b) Address 4604 Westminster Plc.

17. (a) Removal. (Burial, cremation, or removal) (b) Date thereof 5/26/45. (Month) (Day) (Year)
(c). Place: burial or cremation Chicago, Illinois.

18. (a) Signature of funeral director C.R.Lupton & Sons.
(b) Address 7233 Delmar Blv'd

19. (a) MAY 25 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23rd, year 1944. hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug 1935, 19..., to May 23 1945
that I last saw her alive on May 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
And general debility due
to advanced age.

Due to Injury to Spine, Causing
Injury to nerves of Vertebra

Due to Injury thirty years ago.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Heart failure

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

23. Signature Harrison J. Saunders (M. D. or other)
Address 4604 Westminster Pl. Date signed 5/24/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Harrison J. Saunders.
4604 Westminster
FR: 4168.

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 Bradford A. Miller

Licensed Embalmer No. 2901

P. O. Address University City - Wa

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.