

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1074
Registrar's No. 831

FILED FEB 7 1946
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Jewish Hospital, 0
(d) Length of stay: In hospital or institution 25 years
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Clayton
(d) Street No. 7419 Somerset Drive.,
(e) Citizen of foreign country? No.

3. (a) PRINT FULL NAME Harry M. Webster,
(b) If veteran, name war. None
(c) Social Security No. 495-26-643

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 23
year 1946 hour 1 minute 150 M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Marian Smith Webster
7. Birth date of deceased September 23, 1885

21. I hereby certify that I attended the deceased from May 1939, to Jan 23, 1946.
that I last saw him alive on Jan 23, 1946,
and that death occurred on the date and hour stated above.

8. AGE: 60 Years 3 Months 25 Days

Immediate cause of death: Coronary Thrombosis
Due to: Coronary Sclerosis
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: Coronary Thrombosis

9. Birthplace Philadelphia, Pa.
10. Usual occupation Wholesale Leather
11. Industry or business salesman,

MOTHER FATHER
12. Name John T. Webster,
13. Birthplace Unknown
14. Maiden name Sue Riggs,
15. Birthplace Unknown,

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. H. M. Webster,
(b) Address 7419 Somerset Dr.
17. (a) burial (b) Date thereof Jan'y 25, 1946
(c) Place: burial or cremation Bellefontaine Cemetery

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wagoner Mortuary
(b) Address 4161 Lindell Blvd.
19. (a) JAN 25 1946 (b) J. F. Bredeck (c) Registrar's signature

23. Signature Arthur E. Strand (M. D. or other)
Address 539 N. Grand Date signed 1/27/46

Mr. A. E. Strauss
Humboldt Bldg.

JAN 21 1947

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 Robert G. Sampson
Licensed Embalmer No. 4290
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.