S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Bradley 22318

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 26 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5419

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution: Barnes Hospital

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State New York (b) County Suffolk

(c) City or town Montauk Long Island (If outside city or town limits, write "RURAL")

(d) Street No. Montauk Post office (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert C. Webb

3. (b) If veteran, name war 1

3. (c) Social Security No. 497-07-3044

4. Sex M

5. Color or race W.

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

6. (b) Name of husband or wife Olive K. Webb

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased Sept 9 1877 (Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 6 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business Real estate dealer

FATHER 12. Name William Webb

FATHER 13. Birthplace Webb City (City, town, or county) Mo. (State or foreign country)

MOTHER 14. Maiden name Pivoda

MOTHER 15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Olive K. Webb

(b) Address 8716 Litzsinger

17. (a) Cremation (Burial, cremation, removal) (b) Date thereof June 17 46 (Month) (Day) (Year)

(c) Place: ~~burial~~ or cremation Oak Grove

18. (a) Signature of funeral director Leon H. Bapp Jr

(b) Address Kirkwood Mo.

19. (a) JUN 18 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 year 46 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-1, 1946 to 6-15, 1946; that I last saw him alive on 6-15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Carcinoma of undetermined origin

Due to

Other conditions (Include pregnancy within 3 months of death)

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

23. Signature F R Bradley (M. D. or other)

Address 600 So Kingshighway Date signed 6-16-46

(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 Van M Szimore

Licensed Embalmer No. 4343

P. O. Address 7415 Zephyr Pl Maplewood 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.