

No. 2  
-5-43  
-17-39  
I X36671

59621  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25842  
Registrar's No. 6518

FILED AUG 3 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, Mo.  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. Louis City Hospital  
Max C. Starkloff Memorial  
(d) Length of stay: In hospital or institution 0 (Specify whether years, months or days)

3. (a) PRINT FULL NAME PAUL JAMES WEBB  
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife -- 6. (c) Age of husband or wife if alive years 13 1946  
7. Birth date of deceased June 13 1946 (Month) (Day) (Year)

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

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

10. Usual occupation --

11. Industry or business --

MOTHER FATHER

12. Name ?  
13. Birthplace ? (City, town, or county) (State or foreign country)  
14. Maiden name Flossie ?  
15. Birthplace ? (City, town, or county) (State or foreign country)

16. (a) Informant Ruby Nation Rutledge  
(b) Address City Hospital

17. (a) (b) Date thereof 7-25-46 (Month) (Day) (Year)  
(c) Place: burial or cremation City Crematory

18. (a) Signature of funeral director J. W. J. White  
(b) Address City Hospital No. 1

19. (a) III 26 1946 (b) J. F. Bredeek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(d) Street No. 1021 Frey  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country --

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 15 year 1946 hour 12:05 minute P.M.  
21. I hereby certify that I attended the deceased from June 29 1946 to July 15 1946 that I last saw him alive on July 15 1946 and that death occurred on the date and hour stated above

Immediate cause of death. Hydrocephalus (congenital)  
Due to  
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?  
While at work? (Specify type of place) (e) Means of injury  
23. Signature Janet Talbot (M. D. or other) 1515 Lafayette Avenue Date signed 7/15/46

---

---

**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.....

Licensed Embalmer No.....

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.**