

FILED MAY 22 1947

STANDARD CERTIFICATE OF DEATH

State File No. 19478
4712
Registrar's No. 100

Registration District No. 318 Primary Registration District No. 100

1. PLACE OF DEATH:
(a) County St. Louis, Mo.
(b) City or town Barnes Hospital, Mo.
(c) Name of hospital or institution: Barnes Hospital, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 82
(c) City or town Curreyville, Mo. 0
(If outside city or town limits, write "RURAL") NR 0
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Rosa Armenta Webber
3. (b) If veteran, name war no
3. (c) Social Security No. NO
4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Grover Webber
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 7 year 1947 hour 3 minute 20 P.M.
21. I hereby certify that I attended the deceased from April 30, 1947, to May 7, 1947
that I last saw her alive on May 7, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Respiratory failure
Due to: cerebral edema
Due to: frontal meningoma
Other conditions: malignant
Major findings: Large frontal meningoma
Of autopsy: as above
Duration: [Signature]

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

8. AGE: Years 56 Months -- Days -- If less than one day hr. min.
9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
12. Name unknown
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name unknown (City, town, or county) (State or foreign country)
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Glenn Smith.
(b) Address Vandalia, Mo.
17. (a) burial (b) Date thereof 5-10-1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Vandalia, Mo.
18. (a) Signature of funeral director C.P. Lupton & Sons.
(b) Address 7233 Delmar Blvd.
19. (a) MAY 10 1947 (b) J.F. Bredek
(Date received local registrar) (Registrar's signature)

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 J.P. Bradley (M. D. or other) 0
Address Barnes Hospital Date signed 5-9-47

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

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.....

Clarence H. Murray

Licensed Embalmer No.....

4011

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.