No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29643

FILED SEP 2 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7930

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Saint Lukes Hospital 0
(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:

(a) State Missouri (b) County St. Louis 96

(c) City or town University City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 7345 DelmarBlvd 5
(If rural, give location)

MB 1

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

If yes, name country

3. (a) PRINT FULL NAME Clarence A. Webber

3. (b) If veteran, name war none

3. (c) Social Security No. 505-01-0082

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Florence M. Webber

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased October 18 1880.
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
66	10	2	hr. min.

9. Birthplace Woodstock (City, town, or county) Ontario (State or foreign country) 2

10. Usual occupation district credit manager

11. Industry or business Goodyear Tire & Rubber Co.

FATHER
12. Name Arthur C. Webber
13. Birthplace unknown (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Mary E. Gill
15. Birthplace unknown (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Mrs. Florence M. Webber
(b) Address 7345 Delmar Blv'd., U. City

17. (a) cremation (Burial, cremation, or removal) (b) Date thereof 8-23-47 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director C.R. Lupton & Sons
(b) Address 7233 Delmar Blvd., U. City, Mo.

19. (a) AUG 21 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20th year 1947 hour 11 minute 52 P M.

21. I hereby certify that I attended the deceased from July 1 1947 to Aug 20 1947 that I last saw him alive on Aug 20 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomas of Small Intestine

Due to General Carcinomatosis

Due to Cirrhosis of liver

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Same as above

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) M.D.

Address 508 N Grand Date signed 8-27-47

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

508 North Grand
Newstead 7878.
1:30 - 4
Ste 0182
1100 Edwood Terrace

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 Harold C. Kirks, Registered Apprentice No. 4, working under my personal supervision.

Signed Raymond L. Morris

Licensed Embalmer No. 4330

P. O. Address 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.