

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **36387**
10099
Registrar's No. _____

FILED NOV 1 1947

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County.....

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

(c) Name of hospital or institution..... **Missouri Pacific Hospital**
(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..... **Claytonis** **2**
(If outside city or town limits, write "RURAL")

(d) Street No..... **925 South Bemiston** **3**
(If rural, give location)

(e) Citizen of foreign country?..... **No** (Yes or No) **1**
If yes, name country.....

3. (a) PRINT FULL NAME..... **Rhoda Emma Webb**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No..... **189-01-1261**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **30**
year..... **1947** hour..... **1** minute..... **45** M.

21. I hereby certify that I attended the deceased from..... **Oct. 6, 1947**
....., 19....., to..... **Oct. 30**..... 19.....
that I last saw her..... alive on..... **Oct. 29**..... 19.....
and that death occurred on the date and hour stated above.

4. Sex..... **Female**

5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Widowed**

6. (b) Name of husband or wife..... **Ryland W. Webb**

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

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

Immediate cause of death..... **Cerebral Thrombosis, right** **3 weeks**

Due to..... **Hypertension, Arterial** **several months**

Due to..... **Arterio-sclerosis, generalized** **several years**

Other conditions..... **IT**

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | 70 | 7 | 21 | 1 hr. 45 min. |

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

10. Usual occupation..... **Cook**

11. Industry or business..... **United Drug Company**

12. Name..... **John Condray**

13. Birthplace..... **United States**
(City, town, or county) (State or foreign country)

14. Maiden name..... **Amanda**

15. Birthplace..... **United States**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **Mrs. Harvey M. Johnson**

(b) Address..... **925 So. Bemiston, St. Louis 5, Mo**

17. (a) **burial** (b) Date thereof..... **11/1/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Valhalla Cemetery**

18. (a) Signature of funeral director..... **Robert J. Ambruster**

(b) Address..... **6633 Clayton Road, St. Louis 17, Mo**

19. (a) **NOV 1 1947** (b) **J. T. Barber**
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations..... **J. H. J.**

Of autopsy..... **No**

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)

While at work?..... (e) Means of injury..... **0**

Signature..... **Benjamin H. Charles** (M. D. or other) **M.D.**

Address..... **3720 Washington** Date signed..... **Oct. 30, 1947**

WRITE PLAINLY—USING 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

Arnold W. Schoene

Licensed Embalmer No.

3864

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.