

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

43589

FILED JAN 9 1948
318

State File No.

Registration District No.

Primary Registration District No. 1003

Registrar's No. 12068

1. PLACE OF DEATH:

(a) County..... St. Louis
(b) City or town..... St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution..... Depaul Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution..... 10 days
70 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 2932 Hebert St.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Julia Webner

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... F. / 5. Color or race..... W. / 6. (a) Single, widowed, married, divorced..... W. / 2
6. (b) Name of husband or wife..... Charles S. Webner 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Unk. Unk. 1859
(Month) (Day) (Year)

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

9. Birthplace..... Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation..... At Home 1

11. Industry or business.....
12. Name..... Unk. Ryan

13. Birthplace..... Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name.....
15. Birthplace..... Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Walter C. Becker
(b) Address..... 2932 Hebert St.

17. (a) Burial (b) Date thereof..... 1-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Calvary

18. (a) Signature of funeral director..... Arthur J. Kennell
(b) Address..... 3840 Lindell Blvd.

19. (a) JAN 2 1948 (b) J. P. Bredet
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. 31st.,
year..... 1947 hour..... 5 minute..... p. M.

21. I hereby certify that I attended the deceased from.....
21 1947 to Dec 31 1947;
that I last saw him alive on Dec 31 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death..... Ch Myocarditis

Due to..... Pericarditis

Due to.....

Other conditions..... Febrile 2 (1947)
(Include pregnancy within 3 months of death)

Major findings:
Of operations..... 186

Of autopsy.....

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... Accident 2:00

(b) Date of occurrence..... Dec 21 1947

(c) Where did injury occur?..... Home 2932 Hebert St
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... Home

While at work?..... (Specify type of place)
(e) Means of injury..... Fall

23. Signature..... R. H. Swiny (M. D. or other) ke B
Address..... 2342 Atholonia Date signed..... 1/2/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

OK 2013

Wg 1269 Home

[Handwritten signature]

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address 3840 Underwood

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.