No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7456

FILED MAR 8 1948

Registration District No. 19487

Primary Registration District No. 6076

Registrar's No. 746

96

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos 10 days (Specify whether
In this community 2 months - 10 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford 28
(c) City or town Cuba
(If outside city or town limits, write "RURAL")
(d) Street No. Route #2
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME WEBB, Albert C.
3. (b) If veteran, name war WW-1
3. (c) Social Security No. 491180108
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Josie
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased October (Month) 14, (Day) 1889 (Year)

8. AGE: Years 58 ~~57~~ Months 4 Days 12 If less than one day hr. min.

9. Birthplace St. Louis County, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
12. Name Albert W. Webb
13. Birthplace St. Louis County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Susana Ohlhausen
15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant Registrar
(b) Address VAH, Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Fee Fee Cemetery
18. (a) Signature of funeral director Baumann Bros F Home
(b) Address 2504-Woodson Rd-Overland-14-Mo.
19. (a) 2-27-48 (Date received local registrar) (b) [signature] (Registrar's signature)

Call by after 2-27-48 H.C. State

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 26 year 1948 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from December 16, 1947 to February 26, 1948 that I last saw him alive on February 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death CORONARY THROMBOSIS	
~~DXXX~~ Contributory cause: HYPERTENSION	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Autopsy performed (See cause of death)	

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

23. Signature W. F. Rose W. F. Rosell (M. D. ~~XXXX~~)
Address Jefferson Barracks, Mo. Date signed 2/26/48

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

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 3454

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address Overland 14, 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.

VETERANS ADMINISTRATION
HOSPITAL
Jefferson Barracks, Mo.

March 11, 1948

YOUR FILE REFERENCE:

IN REPLY REFER TO: 8D

WEBB, Albert C.
Rt #2 -
Cuba, Missouri

RECEIVED
MAR 12 1948
ST. LOUIS COUNTY
HEALTH DEPT.
CLAYTON, MO.

St. Louis County Health Dept.
Vital Statistics
601 Brentwood
Clayton, Missouri

Gentlemen: ~~ATTENTION: MISS ALLEN~~

I wish to certify that the correct age of the above veteran, who died at this hospital on February 26, 1948 is 58 years, 4 months, 12 days, instead of 57 years, 4 months, 12 days, as shown on Death Certificate issued at this hospital.

Eugene F. Nolan
EUGENE F. NOLAN
Registrar

STATE OF MISSOURI)
) ss
COUNTY OF ST. LOUIS)

Subscribed and Sworn to me this 11th day of March 1948.

Eileen Cliffe
Notary Public

My Commission Expires October 25, 1950

7456