

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32309

State File No. ....

BIRTH NO. .... REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7954**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN St. Louis, Mo		a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
c. LENGTH OF STAY (In this place) 29 days		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital		d. STREET ADDRESS (If rural, give location) N.R. 6424 Ensley Lane	
3. NAME OF DECEASED a. (First) Edwin b. (Middle) Vivian c. (Last) Webb			4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1949
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 24, 1897
9. AGE (In years last birthday) 52		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Architect-Builder Home	11. BIRTHPLACE (State or foreign country) Ewingburg, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Maurice Webb		13b. MOTHER'S MAIDEN NAME Margaret Hart	14. NAME OF HUSBAND OR WIFE Dorothy Coulter Webb
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. 500-20-9625	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. E. V. Webb, 6124 Engley Lane, Kansas City, Missouri

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exfoliative dermatitis, cause unknown		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 103
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 70291

22. I hereby certify that I attended the deceased from Aug. 15, 1949, to Sept. 13, 1949, that I last saw the deceased alive on Sept. 13, 1949, and that death occurred at 10:40 Pm., from the causes and on the date stated above.

23a. SIGNATURE H. Bradley	(Degree or title) M.D.	23b. ADDRESS Barnes Hospital	23c. DATE SIGNED 9-13-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-14-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. SEP 14 1949	REGISTRAR'S SIGNATURE A. B. Acaster	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS 6633 Clayton Rd. St. Louis
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECORDED

JAN 25 1950

1950

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 1994

P. O. Address \_\_\_\_\_

**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.

inc.  
Funeral Directors

32309

Clayton Road at Concordia Lane  
Saint Louis  
17

Division of Vital Statistics,  
Municipal Courts Bldg.,  
Saint Louis 3

Gentlemen:

The following corrections should be made in the death certificate  
of Edwin Vivion Webb #~~9594~~<sup>7954</sup> who expired September 13, 1949:

Usual residence: Kansas, Johnson County, Unincorporated, 6424 Ensley Lane.

Birthplace: Lewisburg, Mo.

Occupation: Home builder.

Social Security No. 500-20-9625.

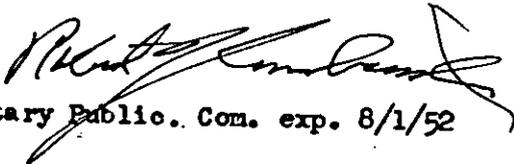
Informant: Mrs. E. V. Webb, 6424 Ensley Lane, P. O. Kansas City 5, Mo.

Respectfully yours,

Olive C. Greer

State of Missouri  
County of St. Louis

Personally appeared before me this 3rd day of October, 1949 Olive C.  
Greer and acknowledged that the foregoing statements were true to the  
best of her belief and knowledge.

  
Notary Public. Com. exp. 8/1/52

