

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39411

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. **1003** Registrar's No. **9820**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2445 No. Spring Avenue		d. STREET ADDRESS (If rural, give location) 1215 So. Sixth Street	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE b. (Middle) c. (Last) WEBB		4. DATE OF DEATH (Month) (Day) (Year) November 13, 1949	
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH Mar. 21, 1879	9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months 7	IF UNDER 2 WKS. Days 2	Hours 2	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? 1
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13a. FATHER'S NAME Rufus Roe	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Ollie
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Thomas Webb	ADDRESS 1215 So. 6th Street
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lung		INTERVAL BETWEEN ONSET AND DEATH 8 months 10 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute Myocarditis		
	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 type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) St. Louis; St. Louis; MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1123X
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22. I hereby certify that I attended the deceased from **May 3, 1949**, to **Nov 13, 1949**, that I last saw the deceased alive on **Nov 13, 1949**, and that death occurred at **12:35 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE W. Sainsbury M.D.	23b. ADDRESS 3548 - Sidney St	23c. DATE SIGNED 11-14-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-15-49	24c. NAME OF CEMETERY OR CREMATORY Mount Hope	24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri
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DATE REC'D BY LOCAL REG. NOV 14 1949	REGISTRAR'S SIGNATURE J. B. Lavater	25. FUNERAL DIRECTOR'S SIGNATURE Allen W. McLaughlin	ADDRESS 2301 Lafayette Ave
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. W.J. Salisbury
3548 Sidney Street
SI 6686

Handwritten notes:
revised
upon
part of certificate
this is signed

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 L.R. Casper

Handwritten: PA E 1000 A 0 1000

Licensed Embalmer No. 3633

P. O. Address 2130 Lafayette

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.