

FILED NOV 24 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 39154
9551

318

1002

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

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) St. Louis		a. STATE Missouri b. COUNTY	
c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2069	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital		d. STREET ADDRESS (If rural, give location) 5889 Romaine Pl.	
3. NAME OF DECEASED a. (First) Jessie		b. (Middle) Mae	
c. (Last) Webster		4. DATE OF DEATH (Month) (Day) (Year) Nov. 8, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 15, 1870
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) Months Days 80 5 23
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Edward Acker		13b. MOTHER'S MAIDEN NAME	
14. NAME OF HUSBAND OR WIFE Charles Webster		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 Margaret Jean O'Connell Romaine	
18. ADDRESS 5889		19. ADDRESS 5889	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>		DUPLICATE OF (b) <u>General arterio-sclerosis</u>		2 4/4	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE OF (c)		10 2/4	
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"/>	
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)	
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? 4201	
22. I hereby certify that I attended the deceased from <u>9-28</u> , 19 <u>50</u> , to <u>11-8</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11-5</u> , 19 <u>50</u> , and that death occurred at <u>9:15P</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Arthur B. Day</u> (Degree or title) <u>Dr. D.</u>		23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>11-9-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/11/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>		DATE REC'D BY LOCAL REG. <u>NOV 9 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	
FEDERAL DIRECTOR'S SIGNATURE <u>Chas. F. Stuart</u>		ADDRESS <u>1225 Union</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Clement McNeary

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Clement McNeary*

Licensed Embalmer No. *3732*

P. O. Address *St. Louis*

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.