No. 300
10-48

FILED DEC 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39462

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2854

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

1. PLACE OF DEATH
a. COUNTY: St.Louis,Co.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4012 Orient Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: St.Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemay
d. STREET ADDRESS (If rural, give location): 4012 Orient Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Millard
b. (Middle): F.
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): Nov. 25, 1950

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: JAN. 21, 1884
9. AGE (In years last birthday): 66 — If under 1 year: Months 10, Days 4 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Paper hanger
10b. KIND OF BUSINESS OR INDUSTRY: Paper hanger
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: CHAS WEBB
13b. MOTHER'S MAIDEN NAME: MARGARET GLADMAN
14. NAME OF HUSBAND OR WIFE: Clara Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Clara Webb
ADDRESS: 4012 Orient Av. Lemay

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Nasal cavity & para Nasal sinuses & extension

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease
DUE TO (c) Cardiac decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: About one year

19a. DATE OF OPERATION: Jan 1950
19b. MAJOR FINDINGS OF OPERATION: Carcinoma, epidermoid, involving nasal cavity, antra, ethmoid & frontal sinuses
20. AUTOPSY? YES ☐ NO ☑

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):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, 1950, *to* Nov, 1950, *that I last saw the deceased alive on* Nov, 1950, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] MD
(Degree or title):
23b. ADDRESS: St Louis County Hosp. Clayton Mo
23c. DATE SIGNED: Nov. 27, 1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Nov. 28, 50
24c. NAME OF CEMETERY OR CREMATORY: Herculaneum Cem.
24d. LOCATION (City, town, or county) (State): Herculaneum Mo.

DATE REC'D BY LOCAL REG.: 11/27/50
REGISTRAR'S SIGNATURE: Herbert R Domke MD
25. FUNERAL DIRECTOR'S SIGNATURE: Fendler Und. CO.
ADDRESS: 7420 Michigan AV

(Licensed Embalmer's Statement on Reverse Side)

Improbable sequence in I

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 John Allen Davis

Licensed Embalmer No. 4053

P. O. Address St Louis

Signed .....
Student Embalmer

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.