S. No. 300
v. 10.48

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

FILED FEB 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 2341

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 907

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS. MO.
c. LENGTH OF STAY (in this place) 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1835 A MADISON. STR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ST. LOUIS. 2219
d. STREET ADDRESS (If rural, give location) 26 1835 A MADISON STR. 0

3. NAME OF DECEASED (Type or Print) a. (First) ALBERT b. (Middle) — c. (Last) BEBB.
4. DATE OF DEATH (Month) JAN. (Day) 28 (Year) 1951
5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED
8. DATE OF BIRTH FEB. 5TH 1885
9. AGE (In years last birthday) 65 YR. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOISTING ENG.
10b. KIND OF BUSINESS OR INDUSTRY MO-ILL. MATERIAL CO.
11. BIRTHPLACE (State or foreign country) NEWPORT KY.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME HARRY BEBB
13b. MOTHER'S MAIDEN NAME ANNA HICKEY
14. NAME OF HUSBAND OR WIFE LEILA BEBB DEC'D
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 494-10-3427
17. INFORMANT'S SIGNATURE OR NAME Mrs Marie Sheehan ADDRESS 1835 A Madison St

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC DECOMPENSATION. — INTERVAL BETWEEN ONSET AND DEATH 6. MO

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ARTARIOSCLEROSIS. — 12 MO.

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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 4500

22. *I hereby certify that I attended the deceased from* JULY, 1950, *to* JAN 28, 1951, *that I last saw the deceased alive on* JAN-27, 1951, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. E. King (Degree or title) MD. 23b. ADDRESS 2114 E Grand 23c. DATE SIGNED 29 Jan 51

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN. 31-51.
24c. NAME OF CEMETERY OR CREMATORY CALVARY CEM.
24d. LOCATION (City, town, or county) ST. LOUIS (State) MO.

DATE REC'D BY LOCAL REGISTRAR JAN 29 1951 — REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Brockland Und. Co ADDRESS 1827 Hogan St

(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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed John Bentley

Licensed Embalmer No. 13653

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.