

FILED MAR 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10767

State File No.

2381

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

1. PLACE OF DEATH
a. COUNTY 318

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MO. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (In this place) _____

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2229

d. FULL NAME OF HOSPITAL OR INSTITUTION 526² South Ewing

e. STREET ADDRESS (If rural, give location) 526² South Ewing

3. NAME OF DECEASED a. (First) Lucinda b. (Middle) _____ c. (Last) Webb 4. DATE OF DEATH (Month) (Day) (Year) Mar 11 1951

5. SEX Female 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Dec 25 1981 9. AGE (In years last birthday) 69 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) Lauderdale Miss.

12. CITIZEN OF WHAT COUNTRY? _____

13a. FATHER'S NAME Walker Webb

13b. MOTHER'S MAIDEN NAME Amanda

14. NAME OF HUSBAND OR WIFE _____

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 ADDRESS Bosa Baldwin - 526² So. Ewing

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) La Grippe and lumboago ANTECEDENT CAUSES DUE TO (b) Endocarditis DUE TO (c) Acute Nephritis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION ✓

19b. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES NO 481X

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? 570X

22. I hereby certify that I attended the deceased from Jan. 26, 1951, to Mar. 11, 1951, that I last saw the deceased alive on Mar. 11, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]

23b. ADDRESS 2390 Franklin Ave

23c. DATE SIGNED 3/13/51

24a. BURIAL, CREMATION, REMOVAL (Specify) _____ 24b. DATE 3/14 1951

24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem

24d. LOCATION (City, town, or county) (State) _____

DATE REC'D BY LOCAL REG. MAR 19 1951 REGISTRAR'S SIGNATURE [Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 2001 E. 20th St, St. Louis

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

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.....

Burlean English

Signed.....

Student Embalmer

Licensed Embalmer No. *4208*

P. O. Address *2931 Lucas*

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.