

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10768
State File No. 2740

BIRTH NO. _____		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1009	Registrar's No. _____
1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis Missouri)		c. LENGTH OF STAY (in this place) 38 yrs	c. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Missouri 2219	
d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G Phillips Hospital		e. STREET ADDRESS (If rural, give location) 2815 Cole Street		
3. NAME OF DECEASED (Type or Print) a. (First) Warren		b. (Middle) _____	c. (Last) Webb	4. DATE OF DEATH (Month) (Day) (Year) March 22 1951
5. SEX Male <input checked="" type="checkbox"/>	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2-17-1905	9. AGE (In years last birthday) 46 if UNDER 1 YEAR Months 1 Days 5 if UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Illinois	11. BIRTHPLACE (State or foreign country) Mercer, Tennessee	12. CITIZEN OF WHAT COUNTRY? _____
13a. FATHER'S NAME Bollie Webb		13b. MOTHER'S MAIDEN NAME Rachel Merriweather	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Flossie Hammond ADDRESS 2815a Cole Street	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None		INTERVAL BETWEEN ONSET AND DEATH Undet.
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) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21h. HOW DID INJURY OCCUR? 002X		
22. I hereby certify that I attended the deceased from 3-12 , 19 51 , to 3-22 , 19 51 , that I last saw the deceased alive on 3-22 , 19 51 , and that death occurred at 3:45am. , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Thompson M. D.		23b. ADDRESS 2601 N Whittier St		23c. DATE SIGNED 3-22-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-27-51	24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem.	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri, Mo.	
DATE REC'D BY LOCAL REG. MAR 28 1951	REGISTRAR'S SIGNATURE J. B. Pasater	25. FUNERAL DIRECTOR'S SIGNATURE St. Louis ADDRESS 1221 N. Grand		

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed C. Cresmo.....

Licensed Embalmer No. 4755.....

P. O. Address 122/22 Grand.....

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.