

FILED JUN. 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21570**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3063** Registrar's No. **2445**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Kenloch Mo		c. CITY (If outside corporate limits, write RURAL and give township) Kenloch Mo.	
c. LENGTH OF STAY (In this place) 24 hrs		d. STREET ADDRESS (If rural, give location) 925 Stanton 4091	
d. FULL NAME OF (If not in hospital or institution, give street address or location) County Host			

3. NAME OF DECEASED (Type or Print) a. (First) MAMIE b. (Middle) WEBB c. (Last) WEBB			4. DATE OF DEATH (Month) (Day) (Year) JUNE 18 1951		
5. SEX Female	6. COLOR OR RACE Cal	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 10-28-81	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days
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) Mashport Tenn.	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Not known		13b. MOTHER'S MAIDEN NAME Mary Hadley		14. NAME OF HUSBAND OR WIFE Ernest J. Webb	
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 J. Ernest Webb, 37073 Finney	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Dis			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c)			Unknown		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			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 420.0				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., is 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"/>		21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from **6-17-1951**, to **6-18-1951**, that I last saw the deceased alive on **6-18-1951**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE D. W. White		23b. ADDRESS 601 S. Brentwood, Clayton 5, Mo.		23c. DATE SIGNED 6-18-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-25-51		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. G. Richardson 2625 Glasgow			
DATE REC'D BY LOCAL REG. 6-18-51		REGISTRAR'S SIGNATURE Robert G. Lamb			

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

1961 8 1 7 AM

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

A. D. Richardson

Licensed Embalmer No. *2925*

P. O. Address *2625 Glasgow*

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.