

FILED DEC 8 - 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1003
Registrar's No. 10635

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		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 township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place) 2 days		d. STREET ADDRESS (If rural, give location) 2242 Madison Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION FAITH Hospital			

3. NAME OF DECEASED (Type or Print)		a. (First) BERNICE		b. (Middle) B.		c. (Last) WEBB		4. DATE OF DEATH (Month) (Day) (Year) November 27-1951			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) m		8. DATE OF BIRTH March 10-1893		9. AGE (In years last birthday) 58		IF UNDER 1 YEAR Months Days		IF UNDER 11 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-wife		10b. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Kentucky				12. CITIZEN OF WHAT COUNTRY?			

13a. FATHER'S NAME James Funkhouser		13b. MOTHER'S MAIDEN NAME Inez Jacob		14. NAME OF HUSBAND OR WIFE David			
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 David Webb 2242 Madison Str.			

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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Myocardial Infarction</i>		INTERVAL BETWEEN ONSET AND DEATH 2 days	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Coronary Arteriosclerosis</i>			2 days
	DUE TO (c) <i>Diabetes mellitus</i> <i>Hypertension</i>			4 years 5 years
11. 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 <i>none</i>		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"/>		21f. HOW DID INJURY OCCUR? <i>H201</i>	

22. I hereby certify that I attended the deceased from _____, 1939, to Nov. 27, 1951, that I last saw the deceased alive on Nov. 27, 1951, and that death occurred at 4:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>Samuel O. Katz</i>		(Degree or title) <i>m.d.</i>		23b. ADDRESS <i>2600 N. Douglas Ave St. Louis Mo</i>		23c. DATE SIGNED <i>11-29-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>11-30-51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>PARK LAWN</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis County, Missouri</i>	

DATE REC'D BY LOCAL REG. <i>NOV 30 1951</i>		REGISTRAR'S SIGNATURE <i>E. Carl Smith</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mobaughlin</i>		ADDRESS <i>2301 La Fayette Ave</i>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Samuel D. Katz, MD
2800 No. Taylor Ave
(Faith Hospital)

after 9 a.m. Thursday
until 5 p.m.

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

L. R. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

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.