

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **39888**  
 Registrar's No. **10451**

FILED DEC 1 1951

1003

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>25 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2225</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>2718 a Spruce</b>			
3. NAME OF DECEASED a. (First) <b>Willie</b>		b. (Middle) _____		c. (Last) <b>Webb</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 20 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>Colored</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Yes</b>		8. DATE OF BIRTH <b>Feb. 15, 1897</b>	
9. AGE (In years last birthday) <b>54</b>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Nil</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <b>Tenn.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		13a. FATHER'S NAME <b>Louis Willet</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Akins</b>		14. NAME OF HUSBAND OR WIFE <b>Porter Webb</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Porter Webb, 2718 a Spruce</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b>  ANTECEDENT CAUSES <b>DUE TO (b) Undetermined</b> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>  <b>DUE TO (c)</b>  II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Diabetes Mellitus</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
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"/>		21f. HOW DID INJURY OCCUR <b>443X</b>			
22. I hereby certify that I attended the deceased from <b>11-2</b> , 19 <b>51</b> , to <b>11-20</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>11-20</b> , 19 <b>51</b> , and that death occurred at <b>11:10a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Lorenzo W. Harris M. D.</b> (Degree or title)				23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>11-23-51</b>	
24a. BURIAL, CREMATION, REMOVAL <b>Removal</b>		24b. DATE <b>11/26/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Booker T. Washington</b>		24d. LOCATION (City, town, or county) (State) <b>E. St. Louis, Ill.</b>	
DATE REC'D BY LOCAL REG. <b>NOV 24 1951</b>		REGISTRAR'S SIGNATURE <b>Earl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>T.M.C. Green, 3517 Laclede</b> ADDRESS _____			

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

*Melvin E. Green*

Licensed Embalmer No. 4428

P. O. Address St. Louis, Mo

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.