

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30517

State File No.

FILED AUG 20 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7003**

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 townshp) OR TOWN ST. LOUIS, MISSOURI		c. CITY OR TOWN St. Louis,	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) 23 2113a Cushing St. 2239 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL			
3. NAME OF DECEASED (Type or Print) a. (First) Jay b. (Middle) MON c. (Last) Webb		4. DATE OF DEATH (Month) (Day) (Year) 7 14 53	
5. SEX Male. 0	6. COLOR OR RACE White,	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married,	8. DATE OF BIRTH April 10, 1897
9. AGE (In years last birthday) 56		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 9 Years,	11. BIRTHPLACE (City and State or Foreign Country) Elroy, Wisconsin, /
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Louis Webb,		13b. MOTHER'S MAIDEN NAME Helen Lancaster,	
14. NAME OF HUSBAND OR WIFE Goldie 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. 497-03-0776	
17. INFORMANT'S SIGNATURE OR NAME Goldie Webb, 2113a Cushing St.,		ADDRESS	
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) Pulmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Low salt syndrome	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200			
22. I hereby certify that I attended the deceased from 6 - 12 , 19 53 , to 7 - 14 , 19 53 , that I last saw the deceased alive on 7 - 14 , 19 53 , and that death occurred at 10:25 pm from the causes and on the date stated above.			
23a. SIGNATURE C. E. Miller M.D. (Degree or title) M. D.O.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 7/15/53			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7/18/53	
24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery,		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. JUL 16 1953		REGISTRAR'S SIGNATURE J. Cash Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary,		ADDRESS 2842 Meramec St., St. Louis, 18, Mo.	

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.....
Signature of Student Embalmer

Signed *Ronald O. Jahnke*.....

Licensed Embalmer No. *3917*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.