

41349

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

V. S. No. 300
Rev. 10-48

FILED NOV 24 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10482**

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 OR TOWN ST. LOUIS Mo)		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN ST. LOUIS	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 24 2931 OHIO 2249			
3. NAME OF DECEASED (Type or Print) a. (First) ORVILLE b. (Middle) H. c. (Last) WEBB JR.		4. DATE OF DEATH (Month) (Day) (Year) Nov. 3 1953			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH AUG. 19 1927	9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FILE CLERK		10b. KIND OF BUSINESS OR INDUSTRY SMALL ARMS Co		11. BIRTHPLACE (City and State or Foreign Country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME ORVILLE WEBB SR.		13b. MOTHER'S MAIDEN NAME ETHEL MEDLEY	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME ORVILLE WEBB SR		ADDRESS 2931 OHIO			

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exsanguination from puncture wound of mesenteric artery of left colon, apparently self-inflicted in home at 2931 Ohio Ave, exact type unknown, about 7:00 PM			INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) could not be determined			
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 Accidental or suicidal
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) Verdict		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? E9130					

22. I hereby certify that I attended the deceased from 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 7:00 m., from the causes and on the date stated above. **22**

23a. SIGNATURE Patrick L. Taylor Coroner		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 11-4-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov. 7 1953		24c. NAME OF CEMETERY OR CREMATORY ODDFELLOWS CEM. KNOBLICK	
24d. LOCATION (City, town, or county) (State) Mo		25. FUNERAL DIRECTOR'S SIGNATURE Carl Smith		ADDRESS Thomas Kutis 2906 Harris	

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 *Geo J Buddle*.....

Licensed Embalmer No. *3989*.....

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.