

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41493

State File No.

FILED NOV 25 1953

BIRTH NO.		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>2935</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>D. O. A.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lemay 4870</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DOA St. Louis County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>246 W. Ripa ave.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) ----- c. (Last) <u>Webb</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 12, 1953</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>October 17, 1872</u>		
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steamfitter-Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Pipefitting</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Wheeling, West Virginia</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Joseph Webb</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Stephens</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>487-18-0958</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Elizabeth Webb 246 W. Ripa ave. Lemay, Mo.</u>				
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) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>5 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>260x</u>					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) m.		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 <u>Jan. 1, 1950</u> , to <u>Nov. 12, 1953</u> , that I last saw the deceased alive on <u>Nov. 5, 1953</u> , and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. M. Peters</u> <u>M.D.</u>				23b. ADDRESS <u>4145 a S. Grand Blvd.</u>		23c. DATE SIGNED <u>11/13/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Nov. 16, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>7901 Gravois St. L. Co. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-13-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke M.D.</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. Hoffmeister U. & L. Co. 7814 S. Broadway</u>			

53 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 Harold J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.