S. No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25878

FILED AUG 11 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 1798

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Wellston
c. LENGTH OF STAY (in this place): 39 yrs. 11 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Vincent's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Tennessee
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nashville 8 41 8
d. STREET ADDRESS (If rural, give location): not available

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): William
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): July 23, 1954

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0
8. DATE OF BIRTH: Aug. 13, 1887
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 11, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY: Bank
11. BIRTHPLACE (City and State or Foreign Country): Nashville, Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Thomas I. Webb
13b. MOTHER'S MAIDEN NAME: Mary Elizabeth Williams
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Martha Webb Ritchey, Sister. 5602 Washington Court, St. Louis, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage (Massive Bilateral)	9 days
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Basal Cell Carcinoma of left auricle with possible metastasis;	Years
DUE TO (c)	Bronchopneumonia	9 days
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*	Generalized arteriosclerosis Arteriosclerotic Heart Disease Schizophrenia	Years 40 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1992
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1- *19* 36, *to* July 23, *19* 54, *that I last saw the deceased alive on* 7-23-54, *19*___, *and that death occurred at* 6:33 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): P. E. Kutrtschek M.D.
23b. ADDRESS: 3720 Washington
23c. DATE SIGNED: 7/23/54

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/23/1954
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Nashville, Tenn.

DATE REC'D BY LOCAL REG.: 7/23/54
REGISTRAR'S SIGNATURE: Herbert R. Somke M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: C.R.Lupton & Sons; 7233 Delmar Blvd;

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.