

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 7 1955

State File No. 6600

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1489

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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Years		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1130a Rutger /		e. STREET ADDRESS (If rural, give location) 1130a Rutger			
3. NAME OF DECEASED (Type or Print) ANDREW		a. (First) ANDREW		b. (Middle) J	
c. (Last) WEBB		4. DATE OF DEATH (Month) 2 (Day) 14 (Year) 55			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 10-20-1866		9. AGE (in years last birthday) 88		10. IF UNDER 1 YEAR Days	
11. IF UNDER 24 HRS. Hours		12. IF UNDER 24 HRS. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) North Carolina /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME James Webb		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Sally Ann Webb		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No	
17. INFORMANT'S SIGNATURE OR NAME J. Hammack, 1117a Rutger, St. Louis		18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lungs		INTERVAL BETWEEN ONSET AND DEATH 16 Months			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Myo carditis		2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		2. 6 years	
DUE TO (c)		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? 163X		22. I hereby certify that I attended the deceased from Feb 2, 1955, to Feb 14, 1955, that I last saw the deceased alive on Feb 14, 1955, and that death occurred at 9:20 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) William I. Wash, D.O.		23b. ADDRESS 1879 S 18th St		23c. DATE SIGNED 2/16/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-17-1955		24c. NAME OF CEMETERY OR CREMATORY St. Paul Churchyard	
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc.		ADDRESS 2301 Lafayette, St. Louis 4, Mo.	
DATE REC'D BY LOCAL REG. FEB 16 1955		REGISTRAR'S SIGNATURE Earl Smith Mo		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home, Inc.	

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 *James R. Chapman*

Licensed Embalmer No. *450*

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.