

FILED APR 4 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10628**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **699**

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) Creve Coeur		c. CITY OR TOWN University City	
c. LENGTH OF STAY (in this place) 3 years		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Evergreen Nursing Home		STREET ADDRESS (If rural, give location) 7405 Melrose Ave	

3. NAME OF DECEASED (Type or Print) a. (First) MINNIE	b. (Middle) K.	c. (Last) WEBB.	4. DATE OF DEATH (Month) (Day) (Year) March 25, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 14, 1865	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; house wife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Frank Kleinschmidt.	13b. MOTHER'S MAIDEN NAME Maria Mueller.	14. NAME OF HUSBAND OR WIFE John H. Webb.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Victor W. Gieselman;	ADDRESS 7405 Melrose Ave.,
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Sudden death probably due to pulmonary embolus on coronary thrombosis.		INTERVAL BETWEEN ONSET AND DEATH 5 weeks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Branchopneumonia.		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Indirect traumatic fracture hip, right. Post operative 6 weeks.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION operative 6 weeks.	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-14**, 1955, to **3-2**, 1955, that I last saw the deceased alive on **3-2**, 1955, and that death occurred at **7 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Carl P. Helt, Jr., M.D.	23b. ADDRESS 3720 Washington	23c. DATE SIGNED 3-25-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 3/28/1955	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
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DATE REC'D BY LOCAL REG. 3-25-55	REGISTRAR'S SIGNATURE Heather K. Amke, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE E. R. Lupton & Sons;	ADDRESS 7233 Delmar Blvd.,
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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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
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.