

FILED APR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14963

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** State File No. _____ Registrar's No. **3308**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Caseyville	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 812⁰g	
3. NAME OF DECEASED (Type or Print) a. (First) META b. (Middle) c. (Last) WEBB			4. DATE OF DEATH (Month) (Day) (Year) March 31 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 9, 1880
9. AGE (In years last birthday) 75		10. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Caseyville Township, Illinois
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME John Hueckel		13b. MOTHER'S MAIDEN NAME Josephine Baldus	14. NAME OF HUSBAND OR WIFE Henry Webb
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 Henry Webb ADDRESS Caseyville, Ill.
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) Acute myocardial infarction ANTECEDENT CAUSES due to Coronary Arteriosclerosis DUE TO (b) Arteriosclerotic coronary heart disease DUE TO (c) Arteriosclerotic coronary heart disease II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
INTERVAL BETWEEN ONSET AND DEATH 2 hrs.		2 weeks	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4200		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) (Min.)	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 Jan. 15, 1947 , to March 31 1956 , that I last saw the deceased alive on March 31, 1956 , and that death occurred at 5:15 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE C. E. Mueller <i>C. E. Mueller</i>		(Degree or title) M.D.	23b. ADDRESS 634 N. Grand Blvd.
23c. DATE SIGNED 4-2-56			
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)	24b. DATE Apr. 4, 1956	24c. NAME OF CEMETERY OR CREMATORY Walnut Hill Cemetery	24d. LOCATION (City, town, or county) (State) Belleville Illinois
DATE REC'D BY LOCAL REG. APR 2 1956	REGISTRAR'S SIGNATURE <i>Carl Smith</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Walter D. Balducci</i> ADDRESS Belleville, Ill.	

(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.....

Jugil A. Legman
3697

Licensed Embalmer No.

P. O. Address.....

Bullsville

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.