

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40040**

FILED NOV 26 1956

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>541</b>		Registrar's No. <b>2228</b>	
1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <b>Mo.</b>			
b. CITY (If outside of county, give name of town, village, and give townships) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 day</b>		c. CITY OR TOWN <b>ST. LOUIS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Louis County Hosp</b>				e. STREET ADDRESS (If rural, give location) <b>3916 Ashland</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle)		c. (Last) <b>Webb</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>9 19 56</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Cal</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Mar 11, 1892</b>	
9. AGE (In years last birthday) <b>64</b>		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 15 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Various</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>(unk) Tenn</b>		12. COUNTRY OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Nancy Kiddle</b>		14. NAME OF HUSBAND OR WIFE <b>Judama Webb</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>-unk-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Judama Webb 3916 Ashland</b>			
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) <b>Cerebral Vascular Accident</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <b>331X</b>			
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?			
22. I hereby certify that I attended the deceased from <b>9-18, 1956</b> , to <b>9-19, 1956</b> , that I last saw the deceased alive on <b>9-19, 1956</b> , and that death occurred at <b>12:10 P. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Robert W. Glahn</b>		(Degree or title) <b>md.</b>		23b. ADDRESS <b>601 So. Brentwood</b>		23c. DATE SIGNED <b>9-19-56</b>	
24a. BURIAL: CREMATOR (Name and address)		24b. DATE <b>Sept 24/56</b>		24c. NAME OF CEMETERY OR CREMATOR <b>Greenwood Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Co, MO</b>	
DATE REC'D BY LOCAL REG. <b>9-20-56</b>		REGISTRAR'S SIGNATURE <b>Herbert B. Donahoe</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>F. A. Glenn 4214 Delmar</b>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *F. G. Green*.....

Licensed Embalmer No. *296*.....

P. O. Address *4214 Selma*.....

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.