

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30150**  
Registrar's No. **7545**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).  
a. STATE **Mo.** b. COUNTY \_\_\_\_\_

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis** c. LENGTH OF STAY (In this place) \_\_\_\_\_  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **34 St. Mary's Infirmary** d. STREET ADDRESS (If rural, give location) **22160 Farrar St.**

3. NAME OF DECEASED (Type or Print) **Wesley Webb** a. (First) \_\_\_\_\_ b. (Middle) \_\_\_\_\_ c. (Last) \_\_\_\_\_  
4. DATE OF DEATH (Month) (Day) (Year) **8 8 57**

5. SEX **M** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **May 31, 1919** 9. AGE (In years last birthday) **38** IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Construction Work** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (State or foreign country) **Little Rock Ark.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **James Webb sr.** 13b. MOTHER'S MAIDEN NAME **Annie Thomas** 14. NAME OF HUSBAND OR WIFE **Ruth Webb**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes World War II** 16. SOCIAL SECURITY NO. **431-16-5220** 17. INFORMANT'S SIGNATURE OR NAME **Ruth Webb** ADDRESS **2160 Farrar**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Septic Pneumonia;**  
\*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES **Fracture of Both Legs;**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. **Follow ing injuries suffered while working at 4860 Goodfellow Ave., about 1231 pm June 28 1957. E9258**  
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  NO

21a. ACCIDENT (Specify) **Slip and Fall** 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) **Street** 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) **St. Louis Mo.**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **6:28 57 12 pm** 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? **Slip**

22. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **3:50 P.** m., from the causes and on the date stated above.

23a. SIGNATURE **James M. Kelly** 23b. ADDRESS **1300 Clark** 23c. DATE SIGNED **8-13-57**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **8/15/57** 24c. NAME OF CEMETERY OR CREMATORY **National Cemetery** 24d. LOCATION (City, town, or county) (State) **St. Louis, Co., Mo.**

DATE REC'D BY LOCAL REG. **AUG 13 57** REGISTRAR'S SIGNATURE **Grant Johnson** 25. FUNERAL DIRECTOR'S SIGNATURE **Grant Johnson** ADDRESS **4352 Wash. Blvd.**

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

8:01

**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 F. A. Green

Licensed Embalmer No. 2963

P. O. Address 4214 Colman

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.