

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FILED JAN 23 1958

SL 13093

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3767

STATE FILE NUMBER

613

XC-4 691 587 Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY FRANKLIN		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN UNION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM HOSPITAL		Length of stay in 1b 59 DAYS	d. STREET ADDRESS (If outside, give location) 514 CHURCH STREET		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last HOUSTON K WEBB			4. DATE OF DEATH Month Day Year 1-16-58		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 11-12-01		9. AGE (In years of birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during last year, even if retired) SHOEWORKER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) ELMONT, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM WEBB		13b. MOTHER'S MAIDEN NAME BERTHA SCHMIDT		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give branch or dates of service) YES WW 2		16. SOCIAL SECURITY NO. 497-01-3230		17. INFORMANT Address VA HOSP RECORDS 915 N GRAND ST LOUIS MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMATOSIS DUE TO (b) CARCINOMA OF ESOPHAGUS DUE TO (c) - - - - - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ACUTE BRONCHOPNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH 1 YEAR 1 YEAR -
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> NONE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from VA 11-18-57 to 1-16-58 and last saw him on 1-16-58 Death occurred at 9:10 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) M. D.			22b. ADDRESS VAH. ST. LOUIS MO.		22c. DATE SIGNED 1-17-58
23a. BURIAL, CREMATION REMOVAL (Specify) Removal		23b. DATE 1/17/58		23c. NAME OF CEMETERY OR CREMATORY STPHEALINGER, M. D. Union, Mo	
23d. LOCATION (City, town, or county) Union, Mo		23e. LOCATION (City, town, or county) (State) Union, Mo			
24. FUNERAL DIRECTOR Edward Fendler 5611 South Grand Blvd.		25. DATE RECD. BY LOCAL REG. JAN 17 '58		26. REGISTRAR'S SIGNATURE Paul Smith Mo mJB	

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 *Hadley F. Faeller Jr*
Licensed Embalmer No. *4950*
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.