

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-011492

STATE FILE NUMBER

2 2280

FILED MAR 20 1959 Registration District No. Primary Registration District No. 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	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Don City Hosp		d. STREET ADDRESS 819a N. 20th st.	
3. NAME OF DECEASED (Type or print) First Albert Middle Webb Last Webb		4. DATE OF DEATH Month Mar Day 1 Year 1959	
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12 Sept. 1891
9a. AGE (In years last birthday) 67		9b. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY retired	
11. BIRTHPLACE (City and state or country) Louisiana		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME unk		14. MOTHER'S MAIDEN NAME Unk.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Reda Parks		Address 819a N. 20th st.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] I. DEATH CAUSED BY IMMEDIATE CAUSE (a) Hypertensive heart disease Conditions which gave rise to (a) Hypertrophic arteriosclerosis - knees. (b) Generalized debility - senile (c) 443x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 443x			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 WORK <input type="checkbox"/> NOT WHILE 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 2-17-58 to Mar + 11-15-59 and last saw her alive on Mar 11-15-59 . Death occurred at 1:05 pm on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE D. A. Winstone, M.D. (Degree or title)		22b. ADDRESS 27437 Franklin	
22c. DATE SIGNED 3-4-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 6 Mar. 1959	
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, Co., Mo.	
24. FUNERAL DIRECTOR Reliable Funeral Sys. 1389 N. Union		25. DATE RECD. BY LOCAL REG. MAR 5 '59	
		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.	

Health, Welfare, Public Service

00
56
38
078
0

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....
John K. Cunningham

Licensed Embalmer No. 44

P. O. Address 4700 Ha

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.