Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-011653
STATE FILE NUMBER

FILED APR 6 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 784

1. PLACE OF DEATH a. COUNTY St.Louis	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) OR TOWN Clayton — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN St.Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St.Louis Co.Hosp — Length of stay in 1b 2Weeks	d. STREET ADDRESS (If outside, give location) 960 Beach Ave. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: WILLIAM Middle: I Last: WEBB			4. DATE OF DEATH Month: 3 Day: 21 Year: 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [ ] 3 DIVORCED [X]	8. DATE OF BIRTH: Sept.19-1909	9. AGE (In years last birthday): 49 — 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): Self Emp.	10b. KIND OF BUSINESS OR INDUSTRY: Unk	11. BIRTHPLACE (City and state or country): St.Louis,Missouri	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: I.Webb	13b. MOTHER'S MAIDEN NAME: Mary Tutterrow	14. NAME OF HUSBAND OR WIFE: Ruby Webb		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) ****No (If yes, give war or dates of service) **********	16. SOCIAL SECURITY NO.: None	17. INFORMANT Address: Mary Clines 960 Beach Ave.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Acute Meningitis due to Staphylococcus — INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)

DUE TO (c) 521X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Multiple Pulmonary Abscesses - Staphylococcus ✓

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 3-12-1959, to 3-21-1959 and last saw ~~her~~ him alive on 3-21-1959

Death occurred at 4 1/2 p.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. H. Garrison, Jr. M.D.	22b. ADDRESS: 601 S. BRENTWOOD BLVD.	22c. DATE SIGNED: 3-23-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 3-25-59	23c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State): St.Louis Co.Missouri
24. FUNERAL DIRECTOR: J.W.Clark F.H.	ADDRESS: 1125 Hodiamont Ave.	25. DATE RECD. BY LOCAL REG.: 3-24-59	26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 Alfred F. Boedeke

Licensed Embalmer No. 2663

P. O. Address 1125 Hudson

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.