# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

[redacted]

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2-1565 STATE FILE NUMBER 60-009046

NDED

**1. PLACE OF DEATH**
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b: 13 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Lukes Hospital — Inside Limits: Yes [X] No [ ]

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY
c. CITY OR TOWN: St. Louis — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 3216 January — Reside on Farm: Yes [ ] No [X]

**3. NAME OF DECEASED** (Type or print): First: MR. PHILIP Middle: SHERIDAN Last: WEBSTER

**4. DATE OF DEATH** Month: February Day: 10, Year: 1960

**5. SEX:** M **6. COLOR OR RACE:** W **7.** Married [X] Never Married [ ] Widowed [ ] Divorced [ ] **8. DATE OF BIRTH:** 12/11/1898 **9. AGE** (last birthday): 61 — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HR: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Buyer
**10b. KIND OF BUSINESS OR INDUSTRY:** Am. Lse. Lf. Binder
**11. BIRTHPLACE** (City and state or country): St. Louis, Mo.
**12. CITIZEN OF WHAT COUNTRY:** U.S.A.

**13a. FATHER'S NAME:** Thomas M. Webster
**13b. MOTHER'S MAIDEN NAME:** Grace Sechler
**14. NAME OF HUSBAND OR WIFE:** Pam Saubert Webster

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
**16. SOCIAL SECURITY NO.:** 328-10-0621
**17. INFORMANT:** Mrs. Pam Webster Address: 3216 January (39)

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): Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c): 490X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Adrenal Insufficiency.

PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [ ] No [ ] Unknown

**19.** WAS AUTOPSY PERFORMED? YES [✓] 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 Feb. 6, 1960 to Feb. 10, 1960 and last saw her/him alive on Feb. 8, 1960
Death occurred at 5:05 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title): Edwin P. Meiner M.D.
**22b. ADDRESS:** 6657 Enright Ave.
**22c. DATE SIGNED:** 2/10/60

**23a.** BURIAL, CREMATION, REMOVAL (Specify): Cremation
**23b. DATE:** Feb. 11, 1960
**23c.** NAME OF CEMETERY OR CREMATORY: Oak Grove Crematory
**23d.** LOCATION (City, town, or county) (State): St. Louis Co., Mo.

**24.** FUNERAL DIRECTOR: Alexander & Sons ADDRESS: 6175 Delmar Blvd.
**25.** DATE RECD. BY LOCAL REG.: FEB 10 1960
**26.** REGISTRAR'S SIGNATURE: Hoard Smith, M.D. MB

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

Dr. E.P. Meiners
6651 Enright
PA1-5042
1-3 & 7-8

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed _____
Licensed Embalmer No._____

P. O. Address_____

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