URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 2 0 1960

-60-025438

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 1722

ENDED

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sappington
Length of stay in 1b: 4 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 9517 Donald's Court
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St. Louis
c. CITY OR TOWN: Sappington
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 9517 Donald's Court
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: AUGUSTA Middle: D. Last: WEBSTER
4. DATE OF DEATH: Month: May Day: 30 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-18-1877
9. AGE (last birthday): 82
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): Housework
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and state or country): Okawville, Ill.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Unknown Wehring
13b. MOTHER'S MAIDEN NAME: Amelia Unknown
14. NAME OF HUSBAND OR WIFE: Late Daniel Webster
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Clarence D. Webster Address: 9517 Donald's Ct.

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): Myocarditis, chronic — INTERVAL BETWEEN ONSET AND DEATH: Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 Gastritis
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 May 29, 1960 to May 30, 1960 and last saw her alive on May 30, 1960
Death occurred at 6:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): Melvin R. Wilecki MD
22b. ADDRESS: 8916 Gravois
22c. DATE SIGNED: 6-1-60
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal (Mtr)
23b. DATE: June 2, 1960
23c. NAME OF CEMETERY OR CREMATORY: Valhalla Burial Park
23d. LOCATION (City, town, or county) (State): Belleville, Illinois
24. FUNERAL DIRECTOR: Kriegshauser ADDRESS: 4228 S. Kingshighway Blvd.
25. DATE RECD. BY LOCAL REG.: 6-1-60
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed R. W. Storrsand

Signature of Student Embalmer

Licensed Embalmer No. 4007

P. O. Address St. Lou

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