

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029285

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7458 STATE FILE NUMBER

**FILED AUG 6 1962**

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lutheran Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>9508 Marbob</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <u>Cheralyn</u> Middle <u>Kae</u> Last <u>Webb</u>			4. DATE OF DEATH Month <u>July</u> Day <u>29</u> Year <u>1962</u>			5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7-29-62</u>	9. AGE (last birthday) <u>3 hours</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>3</u> Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>xxx</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>xxx</u>				11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>United States</u>			
13a. FATHER'S NAME <u>Richard Miller Webb</u>				13b. MOTHER'S MAIDEN NAME <u>Letricia Mae Fletcher</u>				14. NAME OF HUSBAND OR WIFE <u>xxx</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no none</u>				16. SOCIAL SECURITY NO. <u>xxx</u>		17. INFORMANT <u>Mrs. Letricia Webb</u>		Address <u>9508 Marbob</u>					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Anacephalic Monster</u> DUE TO (b) _____ DUE TO (c) <u>750X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown													
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>12:31pm 7-29-62</u> to <u>3:38pm 7-29-62</u> and last saw her/him alive on <u>7-29-62</u> Death occurred at <u>3:38</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree, or title) <u>W W F alley md</u>					22b. ADDRESS <u>3654 S. Grand Blvd.</u>			22c. DATE SIGNED <u>7-30-1962</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u>		23b. DATE <u>July 30, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Leasburg, Mo.</u>			23d. LOCATION (City, town, or county) <u>Leasburg, Mo.</u>		23e. (State)					
24. FUNERAL DIRECTOR <u>Kriegshausner 4228 S. Kingshighway Blvd.</u>					25. DATE RECD. BY LOCAL REG. <u>JUL 30 1962</u>		26. REGISTRAR'S SIGNATURE <u>Loan Smith, M.D.</u>						

**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 *R. W. Stovessand*

Licensed Embalmer No. 4007

P. O. Address \_\_\_\_\_

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.

*H. Falkenberg*  
*3654 School St*  
*St. Louis*