

REC'D AUG 12 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
1008

23426
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township St Louis Mo Primary Registration District No. Registered No. 6120
(c) City (d) Street No. City Hospital #1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles L Webert 163

(a) Residence, No. 2615 Olive St. 21 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Webert
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov Unkown 1849
7. AGE YEARS 88 MONTHS unkown DAYS unkown If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Shoemaker
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month, day, and year) July 1938
11. Total time (years) spent in this occupation 50yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans

FATHER 13. NAME Charles L Webert

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans La.

MOTHER 15. MAIDEN NAME Unkown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

17. INFORMANT (ADDRESS) Mrs W Buckley Ohio

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaines Comm DATE 7-9-38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) J.P. Sullivan Sons 1 come 2637 Hickory St

20. FILED JUL 8 1938 J.P. Buckley Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5 - 38

22. I HEREBY CERTIFY That I attended deceased from 19..... to 19.....

I last saw h..... alive on..... Death is said to have occurred on the date stated above, at 10:30 p.m.

The principal cause of death and related causes of importance were as follows:

Fracture skull, Fracture ribs Dislocation of Clavicle; Hemorrhage into Pleural cavity suffered when struck by an Olive Shovel operated by James Yonke and which penetrated about 8 1/2

Other contributory causes of importance: pm July 7 1938 - 60 feet west of Jefferson on Olive

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 7-7-38

Where did injury occur? St Louis Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury See above
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

(Signed) J.P. Sullivan Deputy Coroner
(Address).....

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Registered Apprentice No....., working under my personal supervision.

Signed.....

J. G. Sullivan

Licensed Embalmer No. 1122

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 this body is not embalmed, above space should be left blank.