

REC'D JAN 11 1939

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

41137

Do not use this space.

10829

1. PLACE OF DEATH

 (a) County Registration District No. **791**
 (b) Township Primary Registration District No. **10829**
 (c) City St. Louis (d) Street No. Substrate 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME EDWARD WILLIAM WEBB
 (a) Residence, No. 5455 DELMAR BLVD. St. 12
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>MALE</u>	4. COLOR OR RACE <u>WHITE</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>NELLE WEBB</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>NOV. 2, 1895</u>		
7. AGE	YEARS <u>43</u>	MONTHS <u>1</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>ENGINEER</u>	
	9. Industry or business in which work was done, as saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>APRIL 1937</u>	11. Total time (years) spent in this occupation <u>15 YEARS</u>
12. BIRTHPLACE (CITY OR TOWN) <u>ARROYO ELK CO PA.</u> (STATE OR COUNTRY)		
FATHER	13. NAME <u>SAMUEL W. WEBB</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>WILLIAMSPORT PA</u> (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <u>BARBARA KERHLI</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>BERNE SWITZERLAND</u> (STATE OR COUNTRY)	
17. INFORMANT <u>NELLE WEBB</u> (ADDRESS) <u>5455 DELMAR BLVD.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>RIDGWAY PA</u> DATE <u>DEC. 19, 1938</u>		
19. FUNERAL DIRECTOR (NAME) <u>SVERMEYER AND SONS</u> (ADDRESS) <u>3934 N. 20th ST.</u>		
20. FILED <u>DEC 16 1938</u> <u>J. D. Brudek</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 15, 1938

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

I last saw h..... alive on..... 13th, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Arterio Sclerosis
Myocardial Insufficiency
with Chronic Hypertrophy
 Other contributory causes of importance:
Chronic Emphysema
Non-C.B.

Name of operation Date of yesWhat best 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? Date of injury 19.....

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

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

Manner of injury 4

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. J. Perry, M. D.(Address) Deputy Coroner

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 *myself*

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

Signed: *Geo P Schubert*

Licensed Embalmer No. *2212*

P. O. Address *St Louis, Mo*

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.