REC'D JUL 12 1939

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

20496
Do not use this space.

1. PLACE OF DEATH
(a) County 1 Registration District No. 791
(b) Township 2 Primary Registration District No. 1003 Registered No. 5340
(c) City St Louis (d) Street No. St John's 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. 10 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 100 Erber Webb
(a) Residence, No. Highland Pl St. NR Collinsville Ills.
(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 male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -------
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 20/1919
7. AGE Years 19 Months 8 Days 25 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
9. Industry or business in which work was done, as saw mill, bank, etc. at home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville Ills.

FATHER
13. NAME Richard Webb 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Ills. 1

MOTHER
15. MAIDEN NAME Carrie Webb Long 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Collinsville Ills.

17. INFORMANT (ADDRESS) Carrie Webb Collinsville, Ills.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Collinsville DATE June 17 1939

19. FUNERAL DIRECTOR (ADDRESS) Geo M Schweppel Collinsville Ill.

20. FILED JUN 15 1939 J F Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th 1939

22. I HEREBY CERTIFY, That I attended deceased from 6-4, 1939, to 6-14, 1939
I last saw him alive on 6-14, 1939. Death is said to have occurred on the date stated above, at 5:50 p.m.
The principal cause of death and related causes of importance were as follows:
Pulmonary embolus
Date of onset

Other contributory causes of importance:
Acute appendicitis

Name of operation appendectomy Date of 6-5-39
What test confirmed diagnosis? Usual Was there an autopsy? no

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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) W. J. Gallagher, M. D.
(Address) 634 N Grand

(Licensed Embalmer's Statement on Reverse Side)

MARGIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
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.
V. S. No. 27
50M-7-20-37
I X12004

STATEMENT BY LICENSED EMBALMER

I, Geo. M. Schnepper, Licensed Embalmer No. 1598

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geo. M. Schnepper

Licensed Embalmer No. 1598

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.)