

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEC 13 1939

Registration District No. _____

Primary Registration District No. **797**

1. PLACE OF DEATH:

(a) County 2
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4255 W. Evans
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 36 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis **11**
(If outside city or town limits, write "RURAL")
(d) Street No. 4255 W. Evans
(If rural, give location)
(e) Foreign Born _____ years

3. (a) PRINT FULL NAME Hughes Webb 100
(b) If veteran, name war _____ 493
(c) Social Security No. 88-6816

20. DATE OF DEATH: Month Nov. day 5th
year 1939 hour 5 minute a. M.

MEDICAL CERTIFICATION

4. Sex male 5. Color or race caid 6. (a) Single, widowed, married, divorced married
7. (b) Name of husband or wife Julia Mae Webb 6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased Jan. 9, 1900
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years 39 Months 90 Days 26 If less than one day hr. _____ min. _____

Immediate cause of death Chronic Contigo (cause unknown)
Arterio Sclerosis
Due to _____
Due to _____

9. Birthplace Penn
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Foreman

11. Industry or business Union Electric

12. Name Hughes Webb Sr., 1

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Mary Webb (same)

15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Julia Webb
(b) Address 4255 W. Evans Ave

17. (a) Burial (b) Date thereof 11 10 1939
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director J. F. Oredock
(b) Address 2906 Lamar

19. (a) NOV 8 1939 (b) J. F. Oredock
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? H
While at work? _____ (Specify type of place) (Specify type of place) (Specify type of place)
23. Signature Alfred Perry (M. D. or other) _____
Address 4255 W. Evans Date signed 11.6.39

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically

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 me

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

J. St. Harrison

Licensed Embalmer No. 760

P. O. Address 2906 Lawton

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.