

JAN 12 1940
Registration District No. _____

791

1003

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
MISSOURI BAPTIST HOSPITAL
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
years, months or days

3. (a) PRINT FULL NAME ANNA WEBB 100

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED6. (b) Name of husband or wife PERCY W. WEBB 6. (c) Age of husband or wife if alive 59 years7. Birth date of deceased MAY 27 1880
(Month) (Day) (Year)8. AGE: Years 59 Months 5 Days 8 If less than one day _____ hr. _____ min.9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)10. Usual occupation HOUSE KEEPER11. Industry or business OWN C12. Name THOMAS MURPHY S13. Birthplace IRELAND S14. Maiden name JOSEPHINE CAUL S15. Birthplace IRELAND
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Percy Webb(b) Address 2017 Schaeffer Place17. (a) BURIAL (b) Date thereof 12 8 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY CEM.18. (a) Signature of funeral director E. J. Schurr(b) Address 3125 Lafayette Av.19. (a) DEC 5 1939 (b) J. F. Prichard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 1
 (c) City or town ST. LOUIS 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 2017 SCHAEFFER PLACE
(If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 5
year 1939 hour 5 minute 15 p.m.21. I hereby certify that I attended the deceased from Nov. 29, 1939
_____, 19____, to Dec 5, 1939that I last saw her alive on Dec. 5, 1939 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Cardiac Decompensation -
Chronic Myocarditis -
 Due Chronic Cardiac - renal
vascular disease -
 Due to _____

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

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____
(Specify type of place) (e.g. Means of injury)
 23. Signature Charles H. Drumm
 Address 1927 S. ... Date signed 12-6-39

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.....

Joe B. Hollmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Lafayette Ave.*

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.