S. No. 2
-11-10-39
5-17-39
PI X21492

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 654

Registrar's No. 654

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: 1428 a Papin St 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 11 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St Louis 2217 (If outside city or town limits, write "RURAL")

(d) Street No. 1428 A Papin St 4 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME EDWARD WEBB.

3. (b) If veteran, name war Unk

3. (c) Social Security No. Unk

4. Sex Male

5. Color or race Cal

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mildred Webb.

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased Jan (Month) - 12 (Day) - 1884 (Year)

8. AGE: Years 57 Months 0 Days 3 If less than one day hr. min.

9. Birthplace Marshall County (City, town, or county) 1 Miss (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name Abner Webb.
13. Birthplace Marshall County (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name Jane Nelson
15. Birthplace Not Known (City, town, or county) Miss (State or foreign country)

16. (a) Informant Mildred Webb.
(b) Address 1428 Papin St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 22 (Day) 41 (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director A D Richardson
(b) Address 2625 Glasgow

19. (a) (Date received local registrar) JAN 21 1941 (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 15 year 1941 hour 10 minute 00 P M.

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

	Duration
Immediate cause of death Chronic Myocarditis Chronic Interstitial Nephritis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)
Address Deputy Coroner Date signed 1/20/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 2928

P. O. Address 2625 Glasgow

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.