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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 21 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19868

Primary Registration District No. 1003

Registrar's No. 4680

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1236 Chouteau Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 65 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis. 1722
(If outside city or town limits, write "RURAL")

(d) Street No. 1236 Chouteau Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 65. 0 years.

3. (a) PRINT FULL NAME JOSEPH WEBBE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Sarah Webbe.

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

7. Birth date of deceased Nov. 18th (Month) 1843. (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	97	6	15	hr. min.

9. Birthplace Syria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Joseph Webbe
13. Birthplace Syria 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Azar.
15. Birthplace Syria 4
(City, town, or county) (State or foreign country)

16. (a) Informant Eva Webbe
(b) Address 1236 Chouteau Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 6/41 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & paul

18. (a) Signature of funeral director Thos Lutes & Son
(b) Address 2906 Gravois Ave.

19. (a) JUN 4 - 1941 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3
year 1941 hour 8 05 A.M. minute M.

21. I hereby certify that I attended the deceased from Sept 3, 1924, to June 3, 1941;
that I last saw him alive on 11 PM 6/2, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis Chr. | Duration

Due to

Due to

Other conditions Senility
(Include pregnancy within 3 months of death) Bronchopneumonia Terminal

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 Max J Bierman (M. D. or other)
Address 1021 N. Grand Date signed 6/4/41

(Licensed Embalmer's Statement on Reverse Side)

Dr. M. J. Bergmann
1021 N. Grand Ave

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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 David Milton Van Fossan, Registered Apprentice No. 280. working under my personal supervision.

Signed Thos Curtis

Licensed Embalmer No. 1619

P. O. Address 2906 Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.