

No. 2  
4-13-40  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF HEALTH CONTROL

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 29941  
Registrar's No. 7280

Registration District No. 191 Primary Registration District No. 1003

FILLED OCT 18 1941

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

1. PLACE OF DEATH:  
(a) County St. Louis Mo.  
(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:  
Mo. Baptist Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 45 Years. (Specify whether years, months or days)

3. (a) PRINT FULL NAME MICHAEL (MIKE) WEBBE  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Louise Webbe 6. (c) Age of husband or wife if alive 52 years  
7. Birth date of deceased DEC 25 1885  
(Month) (Day) (Year)

8. AGE: Years 55 Months 8 Days 13 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Webbe  
13. Birthplace Syria (City, town, or county) (State or foreign country)  
14. Maiden name Sarah Azar  
15. Birthplace Syria (City, town, or county) (State or foreign country)

16. (a) Informant Anthony Webbe  
(b) Address 1822 Russell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 10th / 41 (Month) (Day) (Year)  
(c) Place: burial or cremation S.S. Peter & Paul

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

19. (a) SEP 4 1941 (Date received local health officer) (b) J.P. Bredich (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 22 17  
(d) Street No. 948 Hickory St. (If rural, give location) 9  
(e) If foreign born, how long in U. S. A.? 45 Years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7th year 1941 hour 8 40 A.M. M.

21. I hereby certify that I attended the deceased from Aug 9 28, 1941, to Sept 7, 1941 that I last saw him alive on Sept 7 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis (Uremia Comp)  
Due to Chr. Bright's disease

Other conditions Acute Myocarditis  
Chr. myocarditis

Major findings: Of operations \_\_\_\_\_  
Of autopsy 1316

Duration 1 month 3 days  
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) Means of injury 9

23. Signature W. D. ... (M. D. \_\_\_\_\_)  
Address 3748 Lafayette Date signed 9-8-41

**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 Leo Budde, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed Leo Budde  
Licensed Embalmer No. 3989  
P. O. Address St. Louis, Mo.

**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, fact should be so stated above.**