No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30245

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 7584

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

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution: 4300 Goodfellow

(If not in hospital or institution, write street number or location)

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

In this community 5 years

years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. L

(c) City or town Saint Louis 21 14

(If outside city or town limits, write "RURAL")

(d) Street No. 2709 Gamble St.

(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME ROBERT WEBSTER

3. (b) If veteran, name war none

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 22, 1905 (Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 24 If less than one day hr. min.

9. Birthplace Yazoo City / Miss (City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business Construction

FATHER
12. Name Friley Webster
13. Birthplace Madison County / Miss (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Johnnie Lee Lyles
15. Birthplace Neshosha Co. / Miss (City, town, or county) (State or foreign country)

16. (a) Informant Eva Mitchell

(b) Address 4217 Page, St. Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 20, 41 (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Boyd Bros

(b) Address 3704 Finney Ave, St Louis

19. (a) 9-19-1941 (Date received, local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1941 hour 2 minute 32 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.

Immediate cause of death Fracture of Skull Subdural Hemorrhage of the Brain when Section of Ditch in which he was working caved in at 4300 Goodfellow about 2.10 O'clock pm September 15 1941

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) Accident

(b) Date of occurrence Sept 15 1941

(c) Where did injury occur? St Louis 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pl Industry (Specify type of place)

While at work? Yes (e) Means of injury See above

23. Signature Fred Perry (M. D. or other) 3

Address Deputy Corona Date signed 9/17/41

(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 Louis V. Atkins

Licensed Embalmer No. 2842

P. O. Address 3644 Finney

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.