S. No. 2
M—2-43
5-17-3
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30517

FILED OCT 13 1943

Registration District No. 318 | Primary Registration District No. 1003. | Registrar's No. 8656

1. PLACE OF DEATH:

(a) County ------

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

(c) Name of hospital or institution:
4349 Cote Brilliante
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community 60 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ____

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

(d) Street No. 4349 Cote Brillainte Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME Elizabeth Webb

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife William C/Webb

6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased Feburary 2nd 1868
(Month) (Day) (Year)

8. AGE: Years 75 | Months 7 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace Cooper Co. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business as above

FATHER
12. Name Gus Davis
13. Birthplace Unavailable (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name America
15. Birthplace Unavailable (City, town, or county) Missouri (State or foreign country)

16. (a) Informant William C. Webb
(b) Address 4349 Cote Brilliante Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/1/43 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) SEP 30 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 28th
year 1943 hour 1: minute 30 P. M.

21. I hereby certify that I attended the deceased from 7/21/43, 19__, to 9/28, 19__, 19 43
that I last saw h. ex alive on 9/28, 19__, 19 43
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	
Due to Hypertension	
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 William H. Dubler (M. D. or other)
Address 901 N Vandeventer Date signed 9/30/43

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Avenue

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.