

No. 2  
-5-42  
5-17-43  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30519

State File No.

8101

Registration District No. 818

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Masonic Home of Missouri  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 1/2 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5351 Delmar Blvd.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mary C. Webber

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife John deceased 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased Nov. 24, 1856  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 9 16 .hr. min.

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

10. Usual occupation Retired

11. Industry or business

12. Name Isaac Ebbert

13. Birthplace unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Easton

15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Clara D. Rothe

(b) Address 5351 Delmar Blvd.

17. (a) Burial (b) Date thereof Sept. 13 - 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) SEP 11 1943 (b) J.F. Brebeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10th  
year 1943 hour twelve minute 29 P.M.

21. I hereby certify that I attended the deceased from March 5, 1943 to September 10th, 1943  
that I last saw her alive on September 10th, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
(2) Senility

Due to  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

Duration  
2 yrs  
1 yr.

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) (e) Means of injury

23. Signature Alon Lamerton (M.D. or other)  
Address 508 No. Grand A Date signed 9-10-43

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

MOTHER FATHER

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *Warren A. Carver* .....

Licensed Embalmer No..... *3534* .....

P. O. Address.....

**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.**