

S. No. 2
M-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2576
Registrar's No. 2942

23753
FILED APR 1 1944
318

Registration District No. _____ Primary Registration District No. L 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Mo.
(c) Name of hospital or institution:
St. Louis City Hospital
(d) Length of stay: In hospital or institution. Newborn
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis
(d) Street No. 1445 Warren
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Baby Webb
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 27th year 1944 hour 2:05 minute _____ A.M.
21. I hereby certify that I attended the deceased from Feb. 27th 1944 to Feb. 27th 1944 that I last saw him or alive on Feb. 27th 1944 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Newborn
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 27th 1944
(Month) (Day) (Year)

Immediate cause of death prematurity
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

8. AGE: Years _____ Months _____ Days _____ If less than one day 10 hr. _____ min.

9. Birthplace City Hospital Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation nil

11. Industry or business _____
12. Name William Webb
13. Birthplace Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Ollia Pope
15. Birthplace Mo.
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant M. Renard
(b) Address St. Louis City Hospital
17. (a) _____ (b) Date thereof 4-30-44
(Month) (Day) (Year)
(c) Place: City Crematory
18. (a) Signature of funeral director W. J. White
(b) Address City Hospital No. 1
19. (a) MAR 29 1944 J. F. Bedeck
(Date received local registrar) (Registrar's signature)

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 Chas. J. Ward (Date of other) 2/28/44
Address 1515 Lafayette Date signed _____

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

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.....

Licensed Embalmer No.....

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.