

S. No. 2
M-5-43
7. 5-17-39
D I X36671

State File No. **39208**
Registrar's No. **9997**

FILED DEC 2 1946

Registration District No. **378**

Primary Registration District No. **1003**

Registrar's No. **9997**

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether
In this community WILLIAM GEORGE WEBSTER
years, months or days)

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")
(d) Street No. 4615 Lindell Bly'd.
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William George Webster

3. (b) If veteran, name war W. W. I. 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 Nina T. Webster
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased May 15th, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 6 6 hr. min.

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

10. Usual occupation General Sup't Production

11. Industry or business International Shoe Co.

MOTHER, FATHER { 12. Name Charles L. Webster
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

16. (a) Informant Mrs William G. Webster

(b) Address 4615 Lindell Bly'd.

17. (a) Removal (b) Date thereof 11/23/36
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brockton, Mass.

18. (a) Signature of funeral director C. R. Lupton & Sons

(b) Address #7233 Delmar Bly'd.

19. (a) 11-29-1946 J. F. Bredeck
(Date received from informant) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21
year 1946 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from Nov. 14, 1946 to Nov. 21, 1946
that I last saw h. in alive on November 21, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death myocardial infarction and cardiac insufficiency
Due to arteriosclerotic + hypertensive
Disease Coronary-vascular disease
Other conditions Pulmonary infarct
(Include pregnancy within 3 months of death)

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

Major findings:
Of operations
Of autopsy

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 J. F. Bredeck (M. D. or other)
Address Barnes Hospital Date signed 11-21-46

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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..... *Raymond L. Morris*.....
Licensed Embalmer No. *4330*.....

P. O. Address *Maplewood NJ*.....

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.