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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3259
Registrar's No. 771

Registration District No. 318

Primary Registration District No. 1003

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:
Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
25 years (Specify whether years, months or days)

In this community _____ years, months or days

3. (a) PRINT FULL NAME Berry Webster

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male 2 5. Color or race Col

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

6. (b) Name of husband or wife Mary Webster deceased

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

7. Birth date of deceased June 5 1881
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

about 55 7 16 hr. min.

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

10. Usual occupation Minister

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Blanche H. Crier

(b) Address 4407 St. Ferdinand

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 25-47
(Month) (Day) (Year)

(c) Place: burial or cremation Washington park

18. (a) Signature of funeral director J. W. Hughes

(b) Address 2620 Lawton blyd

19. (a) JAN 23 1947 (Date received local registrar) (b) J. F. Predeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 4451 St. Ferdinand
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1947 hour 1 minute 35 A.M.

21. I hereby certify that I attended the deceased from 1-19 to 1-21 1947
that I last saw him alive on Jan. 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease

Duration Undet.

Due to _____

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____

Of autopsy No

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) (c) Means of injury _____

23. Signature E. B. Williams (M. D. or other) 9

Address 2601 N Whittier Date signed 1/21/47

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 *Clark Young*
Licensed Embalmer No. *3371*
P. O. Address *St. Louis*

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.