S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19479

FILED JUN 5 1947

Registration District No. 318

Primary Registration District No.

Registrar's No. 5290

1. PLACE OF DEATH:

(a) County

(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 3 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1006

(a) State Missouri (b) County 0-00

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 1915 Carr (rear) 9
(If rural, give location)

21

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

If yes, name country

3. (a) PRINT FULL NAME Irene Webster

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife Mack Webster

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased June (Month) 23 (Day) 1906 (Year)

8. AGE: Years 40 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Packman (City, town, or county) La. (State or foreign country) 1

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name ? Johnson 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mack Webster 1
(b) Address 1915 R. Carr St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Ellis Funeral Home
(b) Address 2820 Stoddard St.

19. (a) MAY 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 24
year 1947 hour 5 minute 55 A M.

21. I hereby certify that I attended the deceased from 3-21- 1947 to 5-24 1947
that I last saw her alive on May 24 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Urinary Carcinoma of Bladder with Metastasis Bilateral Renal Staghorn Calculi

Due to

Due to

Other conditions Secondary Anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes

Duration
Undet.

PHYSICIAN
Underline the cause of 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 Edw. B. Williams (M. D. ~~or other~~)

Address 2601 N Whittier Date signed 5/26/47

Jefferson City Printing Co.

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo

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.