

STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 9 1948 318

Registrar's No. 804

Registration District No. Primary Registration District No. 1003

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: Barnes Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12
(Specify location)

In this community 12 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. 4515 Maryland Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT-FULL NAME Howard PEARCE Webb

3. (b) If veteran, name war Spanish-American

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1948 hour 5 minute 25 P. M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Emma Morfeld, Mr'd 8/28/39

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased: July 25 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 1948 to Jan 26 1948

that I last saw him alive on Jan 26 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Aspiration pneumonia

Duration 10 days

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>1</u>	<u>17 hr. 25 min.</u>

Due to cardiovascular hemorrhage 240 N

Due to arteriosclerosis, general

9. Birthplace: St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Manufacturer's Agent

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

12. Name James Monroe Webb

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

14. Maiden name Harriet Luch Haus

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

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. Howard P. Webb

(b) Address 4515 Maryland Avenue

17. (a) entombment (b) Date thereof 1/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Rd. St. Louis 17, Mo.

19. (a) JAN 27 1948 (b) J. J. Brundage
(Date received local registrar) (Registrar's signature)

While at work?

23. Signature Robert H. Counts M. D. of cause

Address Barnes Hospital Date signed 1/26/48

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

MOTHER FATHER

mid

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 Arnold W. Schoene

Licensed Embalmer No. 3864

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.