

S. No. 300
M-10-47
v. 5-17-39
I 396

FILED SEP 20 1948

318

State File No. 7927

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: Enroute City Hospital 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State W. Virginia (b) County 999

(c) City or town Mt. Clare
(If outside city or town limits, write "RURAL") 46

(d) Street No. R.R. #1
(If rural, give location) 2

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

If yes, name country _____

3: (a) PRINT FULL NAME Cyrus Earl Webb Jr.

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1948 hour 4:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased August 27 1907
(Month) (Day) (Year)

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

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

<u>41</u>	<u>0</u>	<u>11</u>	_____ hr. _____ min.
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Immediate cause of death Gunshot wound of skull and brain; self inflicted, in Room 107, Woodbine Hotel, on or about Sept. 8, 1948, exact time unknown.

Due to _____

Due to _____

9. Birthplace Bridgeport W. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

Other conditions 164
(Include pregnancy within 3 months of death)

11. Industry or business _____

12. Name Cyrus Webb Sr.

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

14. Maiden name Lena R. Bond
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lena R. Webb

(b) Address Clarksburg, W. Va.

17. (a) Removal (b) Date thereof 9-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clarksburg, W. Va.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 9 1948 (b) J. F. Bredeck
(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) suicide

(b) Date of occurrence Abt. Sept. 8, 1948

(c) Where did injury occur? St. Louis, Mo.
(City or town) (County) (State)

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

While at work? no (Specify type of place)

(c) Means of injury see above

23. Signature Dr. J. P. Perry (M. D. or other) D.D.S.

Address Dep. Chairman Date signed 9/9/48

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 Guy W Wilkison
Licensed Embalmer No. 3575
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.