DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 8 1948

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38754

Primary Registration District No. 1003

Registrar's No. 10429

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs 10 min (Specify whether years, months or days)
In this community 2 hrs 10 min

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4280 Washington ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Baby Male Webb
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased October (Month) 30 (Day) 1948 (Year)

8. AGE: Years | Months | Days | If less than one day 2 hr. 10 min.

9. Birthplace St Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name James Lindsay Webb
13. Birthplace Blodgett (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Virginia Mae Swain
15. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
16. (a) Informant James L Webb
(b) Address 4280 Washington ave
17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof NOV 30 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Anatomical Board
18. (a) Signature of funeral director Rowland Mortuary Service
(b) Address 4104 Manchester Ave.
19. (a) NOV 30 1948 (Date received local registrar) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1948 hour 12:30 minute A M.
21. I hereby certify that I attended the deceased from 10-30, 1948, to 10-31, 1948, that I last saw h. alive on 10-31, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Prematurity	
Due to Premature separation of placenta.	2 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

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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 Kenneth V Larsen (M. D. or other)
Address 6079 N. Grand ave Date signed 11-1-48

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.