FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 38755

FILED DEC 8 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10381

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

(d) Length of stay: In hospital or institution One Week. (Specify whether
In this community
years, months or days)

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. 4215 W Evans
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Jessie Webb.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Col.

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

6. (b) Name of husband or wife Ann Webb.

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased March (Month) 15. (Day) 1883. (Year)

8. AGE:	Years	Months	Days	If less than one day
65	65.	8	11.	hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name William Webb.
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice Kellogg.
15. Birthplace Miss. (City, town, or county) (State or foreign country)

16. (a) Informant Lelia Mae Robertson
(b) Address 1424 A No. Newstead Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/1/48. (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Thomas Smith
(b) Address 4247 N Jefferson

19. (a) NOV 29 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 26
year 1948 hour 12:35 minute a. M.

21. I hereby certify that I attended the deceased from 11-18-48, 19..., to Nov. 26, 1948; that I last saw him alive on Nov. 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Post ~~ester~~ Shock Operation

Due to Pulmonary Embolism

Due to Benign Hypertrophy of the Prostate

Other conditions Papilloma of the Bladder
(Include pregnancy within 3 months of death)

Major findings:
Of operations Intravesical proststic hypertrophy. Small pedunculated bladder tumor
Of autopsy none

Duration

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 Merle B. Hereford (M. D. or other) M.D.
Address 4503 A Easton Date signed 11-28-48

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 Beatrice Lopez Registered Apprentice No. 649 working under my personal supervision.

Signed Lawrence Ewaldson

Licensed Embalmer No. 4341

P. O. Address St Louis

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

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