

FILED NOV 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39412

State File No.

318

1003

9811

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Mo</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Louis Mo</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Homer Phillips Hospital 21</i>		d. STREET ADDRESS (If rural, give location) <i>1344 Reffingwell</i>	
3. NAME OF DECEASED a. (First) <i>Robert</i> b. (Middle) <i>EUGENE</i> c. (Last) <i>Webster</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>11-10-49</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>negro</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 9, 1925</i>
9. AGE (In years last birthday) <i>24</i>		IF UNDER 1 YEAR Months <i>9</i> Days <i>1</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>mechanic</i>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <i>St. Louis Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13a. FATHER'S NAME <i>Henry Webster</i>		13b. MOTHER'S MAIDEN NAME <i>Vivian Newell</i>	
14. NAME OF HUSBAND OR WIFE <i>Ernestine Webster</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>yes</i> (If yes, give war or dates of service) <i>World War II</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <i>Vivian Webster</i>		ADDRESS <i>1344 Reffingwell</i>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pulmonary Oedema Lu right</i> ANTECEDENT CAUSES <i>undruggable, ether anaesthetic</i> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <i>Asphyxiated in an alley with axe Alex Williams (col) near Webster Blvd Easton Ave, about</i> DUE TO <i>10:10 pm Sept 10 1949</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>Excusable Homicide</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Excusable Homicide</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Street</i>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>St. Louis Mo 168</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>Sept 10 49 10:10</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <i>to 982 X</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>10:17 A. m.</i> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>Arthur Hesser, Prof. Coach</i>		23b. ADDRESS <i>1300 Clark</i>	
23c. DATE SIGNED <i>11/14/49</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>11-15-49</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Jefferson Baracks Mo.</i>	
DATE REC'D BY LOCAL REG. <i>NOV 14 1949</i>		REGISTRAR'S SIGNATURE <i>J. B. Lasater</i>	
25. FUNERAL DIRECTOR'S SIGNATURE <i>Atkins Bros.</i>		ADDRESS <i>3644 Finney</i>	

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

DEC 10 1949

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Louis V. Atkins

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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.