

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

3907

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. 1003		Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY St. Louis		b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Missouri		b. COUNTY St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		c. LENGTH OF STAY (In this place) 3615 Cook Ave		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		d. STREET ADDRESS (If rural, give location) 3615 C ook Avenue	
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) Samuel	b. (Middle) Edward	c. (Last) Webster	Month 4	Day 23	Year 51	M 2	F 7
5. SEX M		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 16-1870	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hod Carrier		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Lake Village Arkansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Samuel Webster, Senior		13b. MOTHER'S MAIDEN NAME Margaret Carson		14. NAME OF HUSBAND OR WIFE Mamie O. Webster			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 498-09-2061 A		17. INFORMANT'S SIGNATURE OR NAME Ellen Flowers			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		DUPLICATE OF (b) Chronic Myocarditis				4 days	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c)				1 year	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 21f			
22. I hereby certify that I attended the deceased from April 20, 1950 , to April 23, 1951 , that I last saw the deceased alive on April 21, 1951 , and that death occurred at 10 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE W. H. Y. Clark M.D.				23b. ADDRESS 2748 - Franklin		23c. DATE SIGNED 4/25/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-26-51		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Missouri	
DATE REC'D BY LOCAL REG. APR 25 1951		REGISTRAR'S SIGNATURE J. B. Foster		25. FORENSIC DIRECTOR'S SIGNATURE W. H. Y. Clark		ADDRESS 1221 N. Grand	

(Licensed Embalmer's Statement on Reverse Side)

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

FILED MAY 4 1951

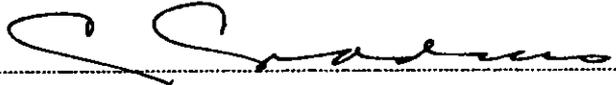
STATEMENT BY LICENSED EMBALMER

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.....


Licensed Embalmer No. 475-5

P. O. Address 12217 Ave

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.