

NO. 300
NO. 48

FILED NOV 13 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36979

State File No.

BIRTH NO. 83771 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9823

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| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis</u> | c. LENGTH OF STAY (In this place) <u>1 Hr. 15 min.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Danforth - Mo</u> <u>0910</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. LOUIS CHILDREN'S HOSP</u> | | d. STREET ADDRESS (If rural, give location) <u>RT #2</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>DORSEY</u> c. (Last) <u>WEBB JR</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>10 23 52</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u> | 8. DATE OF BIRTH <u>12-29-51</u> | 9. AGE (In years last birthday) <u>10</u> | IF UNDER 1 YEAR Months <u>10</u> Days <u>10</u> Hours <u>10</u> Min. <u>10</u> | IF UNDER 24 HRS. Hours <u>10</u> Min. <u>10</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Poplar Bluff - Mo</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>John Dorsey Webb</u> | 13b. MOTHER'S MAIDEN NAME <u>EMOGENE TRAZIER</u> | 14. NAME OF HUSBAND OR WIFE <u>SINGLE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>P.R. Norman son J. King</u> | ADDRESS <u>500 So. Kingshighway</u> |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH <u>2 WKS</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, undetermined etiology</u> | | |
| ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>4222</u> |
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22. I hereby certify that I attended the deceased from 10-23, 1952, to 10-23, 1952, that I last saw the deceased alive on 10-23, 1952, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>John C. Herweg M.D.</u> | 23b. ADDRESS <u>500 So Kingshighway</u> | 23c. DATE SIGNED <u>10-23-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>10-24-52</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Van Buren - Mo.</u> |
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| DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>OCT 25 1952</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. VAN BUREN</u> | ADDRESS <u>Mo.</u> |
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

7567 1 1 1938

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 M. W. Ruster

Licensed Embalmer No. 4865

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.