

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3906

State File No.

FILED FEB 11 1953

1043

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis 2069</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>2833 Clara Ave.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>2833 Clara Ave.</i>		d. STREET ADDRESS	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Laura</i> b. (Middle) <i>Jane</i> c. (Last) <i>Webb</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-27-53</i>		
5. SEX <i>♀</i>		6. COLOR OF RACE <i>Wh</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (as of date)	
8. DATE OF BIRTH <i>Sept. 11-1871</i>		9. AGE (in years last birthday) <i>81</i>		10. IF UNDER 1 YEAR: Months <i>4</i> Days <i>16</i> IF UNDER 24 HRS. Hours <i>16</i> Mins.	
10a. USUAL OCCUPATION (If kind of work done during most working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <i>Arkansas</i>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <i>Robert Gentry</i>		13b. MOTHER'S M maiden name <i>Mary Jenkins</i>	
14. NAME OF HUSBAND OR WIFE <i>George</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	

17. INFORMANT'S SIGNATURE OR NAME <i>Bonita R. Adams 1947 Hodran</i>		ADDRESS	
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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)		<i>Chr. Myocarditis</i>		?	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		?	
ANTECEDENT CAUSES		DUE TO (b) <i>Hypertensive Cardio</i>			
As forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <i>Vascular disease</i>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <i>443x</i>	

22. I hereby certify that I attended the deceased from *Apr. 8, 1946* to *Jan. 27, 1953*, that I last saw the deceased alive on *Jan. 21, 1953* and that death occurred at *8 1/2 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Edmund Webber M.D.</i>		(Degree or title)		23b. ADDRESS <i>3903 Olive St. St. Louis</i>		23c. DATE SIGNED <i>1-27-53</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>1-29-53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Burial Co. Mo</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Mo</i>	
DATE REC'D BY LOCAL REG. <i>JAN 29 1953</i>		REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>		GENERAL DIRECTOR'S SIGNATURE <i>Wm. F. Smith</i>		ADDRESS <i>1225 Union</i>	

C.P. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Melvin F. Kemper

Licensed Embalmer No. 4052

P. O. Address 3505 Oakdale

St. Louis 20 mo

491 W 117

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.