

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41353**
Registrar's No. **10614**

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10614	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. ST. LOUIS, MO.		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN. ST. LOUIS		d. STREET ADDRESS (If rural, give location) 2769 16 3635 WINNEBAGO AVENUE	
3. NAME OF DECEASED a. (First) DOROTHY b. (Middle) MAY c. (Last) WEBSTER				4. DATE OF DEATH (Month) (Day) (Year) 11-8-53			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1920, Sept 23	
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HWF		10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) ST. LOUIS, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Maloney			13b. MOTHER'S MAIDEN NAME Mary Troutman			14. NAME OF HUSBAND OR WIFE ROBERT M. WEBSTER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ROBERT M. WEBSTER ADDRESS SAME ADD			
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, asthma, etc. It means the disease, injury, or complication which caused death.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Typhoid of pregnancy; Ruptured uterus; wound infection ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Peritonitis, Electrolyte imbalance DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5-7 days 10 days	
19a. DATE OF OPERATION 10/14/53		19b. MAJOR FINDINGS OF OPERATION Ruptured uterus 10/14/53 Secondary Closure 10/21/53				20. AUTOPSY? YES <input checked="" 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) _____		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? 6483					
22. I hereby certify that I attended the deceased from March , 19 53 , to 8 Nov. , 19 53 , that I last saw the deceased alive on 8 Nov. , 19 53 , and that death occurred at 9:40 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) James Penney, M.D.				23b. ADDRESS 114 Plant Ave. Wash. 19		23c. DATE SIGNED 8 Nov. 53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-11-53		24c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
DATE REC'D BY LOCAL REG. NOV 9 1953		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home ADDRESS 6322 S. Grand Blvd.			

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.

Signed *David C. Johnson*

Licensed Embalmer No. 4342

P. O. Address 6322 So. Grand

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.