

FILED FEB 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3419

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 548 Registrar's No. 201

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 _____	
b. CITY OR TOWN <u>WEBSTER GROVES</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (In this place) <u>3 1/2 MONTH</u>		2159	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GLENWOOD SANITORIUM</u>		d. STREET ADDRESS (If rural, give location) <u>3003 MT. PLEASANT</u>	

3. NAME OF DECEASED (Type or Print) <u>CARRIE S WEBSTER</u>	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 26 1955</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT 6, 1890</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>20</u>	IF UNDER 12 HRS. Days <u>3</u>	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HENRY SIPPEL WEBSTER</u>	13b. MOTHER'S MAIDEN NAME <u>ROSAMANN</u>	14. NAME OF HUSBAND OR WIFE <u>FRANCIS DECEASED</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>HY WEBSTER</u>	ADDRESS <u>3003 MT. PLEASANT</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SENILITY</u>		
	ANTECEDENT CAUSES Morbid 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.			

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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from LEANG, 1954, to 26 JAN, 1955, that I last saw the deceased alive on 25 JAN, 1955, and that death occurred at GIRSA m., from the causes and on the date stated above.

23a. SIGNATURE <u>Edwin A. Schmidt M.D.</u> (Degree or title)	23b. ADDRESS <u>1300 GRANT RD WEBSTER GROVES, MO</u>	23c. DATE SIGNED <u>26 JAN 55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-28-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SUNSET CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS COUNTY MO</u>
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DATE REC'D BY LOCAL REG. <u>1-27-55</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Donker M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHUMACHER</u>	ADDRESS <u>3013 MERAMEE</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 _____

Jack Hump

Licensed Embalmer No. _____

4746

P. O. Address _____

St. Paul, Minn.

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.