

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11600**

FILED MAR 29 1957

BIRTH NO.		REG. DIST. NO. 317	PRIMARY REG. DIST. NO. 590	Registrar's No. 697
1. PLACE OF DEATH a. COUNTY St. Louis 4001		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brentwood, Missouri		c. LENGTH OF STAY (in this place) years		c. CITY OR TOWN Brentwood, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION 8716 Eager Road		No. STREET ADDRESS (If rural, give location) 8716 Eager Road		
3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) L. Webster c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) March 12, 1957		
5. SEX 3 Female	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widow	8. DATE OF BIRTH March 12, 1869	9. AGE (In years last birthday) 88 IF UNDER 1 YEAR Months 0 Days 0 IF UNDER 1 HR. Hours 0 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Tennessee
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Unknown		
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME Marie Webster ADDRESS 8716 Eager Road
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Degenerative Heart Disease ANTECEDENT CAUSES Senility 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.		INTERVAL BETWEEN ONSET AND DEATH 4 yrs
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from March 11, 1957 , to March 12, 1957 , that I last saw the deceased alive on 3-11-57 , and that death occurred at 2:30 m., from the causes and on the date stated above.				
23a. SIGNATURE W. S. Mason (Degree or title)		23b. ADDRESS 243 E. Kirkham Ave. City 19		23c. DATE SIGNED 3-14-57
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3/16/57		24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Boone ADDRESS 1221 N. Grand Blvd		
DATE REC'D BY LOCAL REG. 3/14/57		REGISTRAR'S SIGNATURE Herbert B. Donahoe		

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.....
Signature of Student Embalmer

Signed

Clarence Cradock

Licensed Embalmer No. *475*

P. O. Address *1271 20th St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.