

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-023862  
STATE FILE NUMBER

FILED JUL 14 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6653

5. 300  
1-57  
0

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		c. CITY OR TOWN <b>St. Louis</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		d. STREET ADDRESS (If outside, give location) <b>4224 Easton</b>	
3. NAME OF DECEASED (Type or print) First <b>Ernest</b> Middle <b>John</b> Last <b>Webb</b>		4. DATE OF DEATH Month <b>6</b> Day <b>29</b> Year <b>58</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>2/18/1902</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Prof. Printer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Printer</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Mo.</b>
13a. FATHER'S NAME <b>Ernest Thomas Webb</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Virgin Hatley</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>	
17. INFORMANT <b>Latonia Benson</b>		Address <b>2143 O'Fallon</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary infarction.</b> DUE TO (b) <b>Cardiac Insufficiency</b> DUE TO (c) <b>Arteriosclerotic heart disease</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Intussusception, small bowel.</b>			INTERVAL BETWEEN ONSET AND DEATH <b>UNDET.</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>420.0</b>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>6-26-58</b> to <b>6-29-58</b> and last saw <sup>her</sup> him alive on <b>6-29-58</b> Death occurred at <b>5:45</b> P. _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>7-1-58</b>	
22a. SIGNATURE (Degree or title) <b>J. G. Inaser, M.D.</b>		22b. ADDRESS <b>2601 Whittier Street</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>6/3/58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Washington Park Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Berkley, Missouri</b>	
24. FUNERAL DIRECTOR <b>E. B. Keene</b>		25. DATE RECD. BY LOCAL REG. <b>JUL 3 '58</b>	
26. REGISTRAR'S SIGNATURE <b>Carl Smith</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

**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 *William Blackbird*  
Licensed Embalmer No. *3962*  
P. O. Address *1221 1/2 Fran*

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.