

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-003622  
State File No.

FILED FEB 10 1959

Registrar's No. 2 468

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

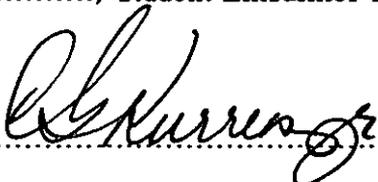
BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>2 468</b>	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Illinois</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>1 1/2 years</b>		c. CITY OR TOWN <b>St. Louis</b> <b>8120</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4311 Forest Park Blvd</b>				e. STREET ADDRESS (If rural, give location) <b>1620 Cleveland Ave., d.</b>			
3. NAME OF DECEASED (Type or Print)		a. (First) <b>ZADIE</b>		b. (Middle) <b>L</b>		c. (Last) <b>WEBSTER</b>	
4. DATE OF DEATH		(Month) <b>January</b>		(Day) <b>13</b>		(Year) <b>1959</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>January 10, 1876</b>	
9. AGE (In years last birthday) <b>83</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>3</b>		IF UNDER 11 HRS. Hours <b>1</b> Min. <b>3</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>							
13a. FATHER'S NAME <b>(Unknown) Bosquit</b>			13b. MOTHER'S MAIDEN NAME <b>Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Edgar A. Webster (Deceased)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Nellie Leek, 4311 Forest Park Blvd. St. Louis, Mo</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Ruptured P. Pericarditic with general peritonitis.</b> DUE TO (c) <b>Senility</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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)		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 <b>6-14-55</b> , 19 <b>55</b> , to <b>1/13</b> , 19 <b>59</b> , that I last saw the deceased alive on <b>1/11</b> , 19 <b>59</b> , and that death occurred at <b>5:15P</b> m., from the causes and on the date stated above.							
23a. SIGNATURE <b>Peugh Haynes MD</b>				23b. ADDRESS <b>3722 Washington Ave</b>		23c. DATE SIGNED <b>1/14/59</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1-16-59</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Belleville, Illinois</b>	
DATE REC'D BY LOCAL REG. <b>JAN 14 '59</b>		REGISTRAR'S SIGNATURE <b>K. Smith MD</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. K. K... ..</b>		ADDRESS <b>E. St. Louis, Ill</b>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  


Licensed Embalmer No.... 3162

P. O. Address E. St. Louis.

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.