

COURT DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

2812-61-011751
STATE FILE NUMBER

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

AMENDED

1. PLACE OF DEATH
FILED APR 7 1961

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis Length of stay in 1b 2 days 15 min

c. CITY OR TOWN St. Louis Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Incarnate Word Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 4520 Flora Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Rebecca Jean Webb 3 24 61

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH 3/22/61 9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min. 2 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None (Infant) 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Mo. 12. CITIZEN OF WHAT COUNTRY Unites States

13a. FATHER'S NAME Franklin Delano Webb 13b. MOTHER'S MAIDEN NAME Velma Lee Bounds 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT Mrs. Franklin Webb Address 4520 Flora

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Systemic immaturity
DUE TO (b) Prematurity 5 1/2 mos gestation
DUE TO (c) 76x
INTERVAL BETWEEN ONSET AND DEATH 47 hrs
47 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes N Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 3-22-61 to 3-24-61 and last saw her alive on 3-24-61
Death occurred at 1:45 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] M.D. 22b. ADDRESS 1657 So Grand 22c. DATE SIGNED 3-24-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/24/61 23c. NAME OF CEMETERY OR CREMATORY St. Trinity 23d. LOCATION (City, town, or county) (State) Lemay Ferry Mo.

24. FUNERAL DIRECTOR ADDRESS McLaughlin 2301 Lafayette 25. DATE RECD. BY LOCAL REG. MAR 24 1961 26. REGISTRAR'S SIGNATURE Earl Smith, M.D.

FILED INSTEAD OF DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF ITEM NO. SHOULD READ

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, ^{NOT}
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed A. Y. Jarvis

Licensed Embalmer No. 3384

P. O. Address A. Jarvis

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.