

REC'D SEP 12 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

27320

Do not use this space.

7334

1. PLACE OF DEATH
(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1008**
(c) City **ST. LOUIS** (d) Street No. **CITY HOSPITAL #1** St. **16**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME **GEORGE E. WESTBROOK** **231**
(a) Residence, No. **4065 HUMPHREY ST.** St. **16**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWER	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 29 1884			
7. AGE	YEARS	MONTHS	DAYS
	63	8	18
If LESS than 1 day, hrs. or min.			
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CAPTAIN		
	9. Industry or business in which work was done, as saw mill, bank, etc. ST. LOUIS FIRE DEPT.		
	10. Date deceased last worked at this occupation (month and year)		
			11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) ST. LOUIS (STATE OR COUNTRY) MO			
FATHER	13. NAME BENJAMIN WESTBROOK		
	14. BIRTHPLACE (CITY OR TOWN) UNKNOWN (STATE OR COUNTRY)		
MOTHER	15. MAIDEN NAME ANN BICKEL		
	16. BIRTHPLACE (CITY OR TOWN) " (STATE OR COUNTRY)		
17. INFORMANT MRS. BEN RUNG (ADDRESS) 1919 ANN AVE.			
18. BURIAL, CREMATION, OR REMOVAL PLACE ST. PAUL'S CHURCHYARD AUG. 19 1938			
19. FUNERAL DIRECTOR PEETZ BROS. (ADDRESS) 3029 LAFAYETTE AVE			
20. FILED AUG 18 1938 J. D. Brebeck Local Registrar			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **AUG. 16 1938**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at... **9.30pm.**
The principal cause of death and related causes of importance were as follows:
Fracture of Neck (sixth cervical vertebra), suffered when deceased fell from hammock in yard at 10277 Lookaway Drive, City of St. Louis, about 6.30 P.M., Aug. 13th, 1938. Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **yes**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? **Accident** Date of injury **8/13 1938**
Where did injury occur? **St. Louis, Mo.**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home

Manner of injury.....
Nature of injury..... **See above**

24. Was disease or injury in any way related to occupation of deceased? **NO**
If so, specify.....
(Signed) **Walter Perry** **4** M.D.
(Address) **Deputy Coroner**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Frank J. Dues, Licensed Embalmer No. 2245

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Frank J. Dues

Licensed Embalmer No. 2245

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.)