REC'D SEP 14 1938

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

27524
Do not use this space.

3

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 7538
(c) City St. Louis Missouri (d) Street No. Enroute to Missouri Pacific Hospital St.
(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 Earl C. Westbrook
(a) Residence, No. ..... St. NR Arkadelphia, Arkansas.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

NO PHYSICIAN IN ATTENDANCE

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Lena Westbrook

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): about 57 ???

7. AGE: About 57 ? YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Ditcher Engineer.
9. Industry or business in which work was done, as saw mill, bank, etc. Mo Pacific R.R.
10. Date deceased last worked at this occupation (month and year) August 23, 1938
11. Total time (years) spent in this occupation 35yrs ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Benton, Arkansas.

FATHER
13. NAME: John N. Westbrook
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Georgia.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Unknown

17. INFORMANT (ADDRESS): John L. Westbrook Benton, Arkansas.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Benton, Arkansas DATE August 25, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc., 429 N. Euclid Ave.

20. FILED AUG 24 1938 F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 23, 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 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset

Traumatic Hemorrhage due to dismemberment of left leg from body and mangled right foot, suffered when deceased about 1:00 P.M., August 23rd, 1938, was run over by Missouri

Other contributory causes of importance:
Pacific work-car at Pevely, Missouri
CAUSE AND MANNER OF SAME COULD NOT BE DETERMINED

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? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? Yes
If so, specify .....
(Signed) Joseph M. Lunn, M.D.
(Address) Deputy Coroner

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

SEP 10 1954

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 .....,

Registered Apprentice No....., working under my personal supervision.

Signed Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address.....

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 this body is not embalmed, above space should be left blank.