

Dec. 1 1938

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

40836
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **City Hospital H.R.** Registered No. **10528**
(e) Length of residence in city or town where death occurred **1** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number) St.

2. PRINT FULL NAME **Richard (Dick) West**

(a) Residence, No. **4449 Conroy St.** (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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October 10, 1890**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **House Servant**
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Callaway County, Mo.**

FATHER 13. NAME **Will West**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Callaway County, Mo.**

MOTHER 15. MAIDEN NAME **Beckie Brick**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Callaway County, Mo.**

17. INFORMANT (ADDRESS) **George West Mexico, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mexico, Mo. Elmwood Cemetery, DATE Dec. 4, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Precht Funeral Home Mexico, Mo.**

20. FILE NO. **DEC 6 1938** **J. D. Brudick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 2, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 26, 1938** to **Dec. 2, 1938**

I last saw him alive on **Dec. 2, 1938** Death is said to have occurred on the date stated above, at **9:30 a.m.**

The principal cause of death and related causes of importance were as follows:

Luetic heart disease

Date of onset **11/26/38**

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis: **clinical** Was there an autopsy? **no**

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?
If so, specify (Signed) **H. J. Lyman**, M. D.
(Address) **261 N. Waterloo**

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.

14th & Lafayette St
City West
Sept 17, 1900

10528

10528

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificat  was embalmed by me,

~~Earl E. Procht~~

or by

Registered Apprentice No. working under my personal supervision.

*Charity Case
not embalmed*

Signed

Licensed Embalmer No. ~~2115~~

P. O. Address ~~Monico, Mo.~~

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.