APR 7 - 1939 REC'D MAY 11 1939

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

16067
Do not use this space.

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.

1. PLACE OF DEATH

(a) County St. Louis — Registration District No. 784

(b) Township — Primary Registration District No. 101 — Registered No. 628

(c) City Clayton — (d) Street No. 56 Arundel Pl., 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 230 Samuel Harris West

(a) Residence, No. 56 Arundel Pl., 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 14, 1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ... min.
75	9	21	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. AAttorney

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) Cincinnati, Ohio

FATHER

13. NAME James West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennesse

MOTHER

15. MAIDEN NAME Jane Crawford

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennesse

17. INFORMANT Audrey D. West (ADDRESS) 56 Arundel Pl.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Fayetville, Ark DATE Apr. 9, 1939

19. FUNERAL DIRECTOR (NAME) Alexander & Sons (ADDRESS) 6175 Delmar Blvd.

20. FILED APR 7 - 1939 [illegible] Local Registrar

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 5, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 2nd, 1939, to Apr 5th, 1939

I last saw him alive on Apr 5th, 1939. Death is said to have occurred on the date stated above, at 1630 m.

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

	Date of onset
Angina Pectoris	Mar 1939
94 W.	

Other contributory causes of importance: Acute indigestion

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? —

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? No

If so, specify

(Signed) Herbert L. Montague, M. D.

(Address) 5899 Delmar Ave

ALEXANDER & SONS Undertaking Co.

Address 6175 Delmar Blvd.

St. Louis, Mo.

EMBALMER'S CERTIFICATION

This is to certify that I, the undersigned, a licensed embalmer, personally and efficiently embalmed the following described cadaver:

Full name Samuel Harris West Race White

Place and date of death April 5, 1939 at 56 Arundel Pl.,

Physician (or Coroner) signing Certificate Herbert L. Montague

Place and date of Embalming 6175 Delmar

Remarks

Signed Jos. E. McCulloh Missouri License No 2460