S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 25 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16476

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3994

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3700 a La Salle St /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County ~~St. Louis~~ 000

(c) City or town St. Louis 187
(If outside city or town limits, write "RURAL")

(d) Street No. 3700a La Salle St
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Velma West

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan (Month) 14 (Day) 1917 (Year)

8. AGE: Years 24 Months 3 Days 25 If less than one day hr. min.

9. Birthplace FRUIT City 0 Mo
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Geo West
13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Linda Stevens
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Linda West
(b) Address 3700a La Salle St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5 (Month) 12 (Day) 41 (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser Und Co
(b) Address 4228 So. Kingshighway Blvd

19. (a) JAN 12 1941 (Date received local registrar) (b) J H Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 9
year 1941 hour 10PM minute M.

21. I hereby certify that I attended the deceased from May 7 to May 9 41, 19, to May 9, 1941
that I last saw her alive on May 8 41, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rel. T. B.	1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Dr Ray H Bock (M. D. or other)
Address 3115 S. Grand Date signed 5/10/41

(Licensed Embalmer's Statement on Reverse Side)

Dr Bock

3115 So. Grand

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 Reinhold F. Lohrmann

Licensed Embalmer No. 5395

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.