

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Louis Co. Hosp. (S)  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution one day  
(Specify whether  
 In this community 10 years  
years, months or days)

3. (a) PRINT FULL NAME Harold Westmoreland

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced: Single

6. (b) Name of husband or wife: ----- 6. (c) Age of husband or wife if alive: ----- years

7. Birth date of deceased: February 27 1928  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
13 5 25 hr. min.

9. Birthplace Tupelo Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business -----

MOTHER FATHER { 12. Name George Westmoreland

13. Birthplace Tupelo Miss.  
(City, town, or county) (State or foreign country)

14. Maiden name Adell Reed

15. Birthplace Verona Miss.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Allen Mary Allen

(b) Address 103 Allison Av.

17. (a) Burial (b) Date thereof: Aug 23, 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Father Dickson

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Av. St. Louis

19. (a) AUG 23 1941 (b) E. S. McCarroll  
(Date received local registrar) (Registrar's signature) RL

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
 (c) City or town Webster Groves 97  
(If outside city or town limits, write "RURAL") 98  
 (d) Street No. 103 Allison (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country -----

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
 year 1941 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from -----, 19-----, to -----, 19-----;

that I last saw h. ----- alive on -----, 19-----, and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration

Due to Hypertrophy and dilatation of heart; Verrucous vegetation on heart valves; Rheumatic fever.

Other conditions: -----  
(Include pregnancy within 3 months of death)

Major findings: Of operations -----

Of autopsy Yes.

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? -----

While at work ----- (Specify type of place) (e) Means of injury -----

23. Signature Louis H. Barry (M. D. or other) Barry  
 Address Kirkwood, Mo. 8/27/41 Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6  
2  
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**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.....

.....James A. Johnson.....

.....Registered Apprentice No. ....

working under my personal supervision.

Signed.....

.....James A. Johnson.....  
.....Licensed Embalmer No. 3522.....

.....P. O. Address 4107 Finney St. Louis.....

**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, fact should be so stated above.**