

Registration District No. 1945

Primary Registration District No. 101

Registrar's No. 2379

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. 17  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 3 days  
 (Specify whether years, months or days)  
 In this community 3 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
 (c) City or town Chesterfield, Mo.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Olive St. Rd.  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME H. Henry M. West.

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 25, 1885  
 (Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 29 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Marion Co. Mo.  
 (City, town, or county) (State or foreign country)

10. Usual occupation carpenter.

11. Industry or business own contractor

12. Name Tom West,

13. Birthplace Unknown, Mo.  
 (City, town, or county) (State or foreign country)

14. Maiden name Betty Stodds,

15. Birthplace Unknown, Mo.  
 (City, town, or county) (State or foreign country)

16. (a) Informant Virgil West,

(b) Address Clemco, Mo. R. #1.

17. (a) Burial (b) Date thereof 11-26-1941  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belle, Mo.

18. (a) Signature of funeral director Schrader Funeral Home

(b) Address Ballwin, Mo.

19. (a) NOV 25 1941 (b) E. H. McHanna  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 24  
 year 1941 hour 8 minute :25 P.M.

21. I hereby certify that I attended the deceased from 11-21-41  
 \_\_\_\_\_ 19 \_\_\_\_\_ to 11-24-41 19 \_\_\_\_\_

that I last saw him alive on 11-24-41  
 and that death occurred on the date and hour stated above.

Immediate cause of death Brachio-pneumonia Duration 3 da.

Due to \_\_\_\_\_

Due to subdural hemorrhage (4 da.)

Other conditions 8301  
 (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy Brachio-pneumonia  
subdural hemorrhage  
 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 W. W. Fosman (M. D. or other) 0

Address Co. Hoop Date signed 11-25-41

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

**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 *Theo Schrader*  
.....  
Licensed Embalmer No. *3066*  
P.O. Address *Bullwin, 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, fact should be so stated above.**