No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39996

FILED JAN 24 1942 7911

Registration District No.

Primary Registration District No. 1003

Registrar's No. 9706

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 days (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Afton NR (If outside city or town limits, write "RURAL")

(d) Street No. 9018 Pilot (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Edwin George Westman

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cameron Westman

6. (c) Age of husband or wife if alive abt 50 years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 13 If less than one day hr. min.

9. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Florist

11. Industry or business

FATHER
12. Name Fredrick Westman
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Renziehausen
15. Birthplace St. Louis Unknown MO (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cameron Westman
(b) Address 9018 Pilot, Afton, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-41 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cem

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 S. Grand Blvd.

19. (a) DEC 8 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6th year 1941 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from November 14, 1941, to December 6, 1941 that I last saw him alive on December 6, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma of right upper lobe of lung

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Bronchogenic carcinoma of right upper lobe of lung

Of autopsy

Duration

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

23. Signature F R Bradley (M. D. or others)

Address BARNES HOSPITAL Date signed 12-6-41

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Bergman

Licensed Embalmer No. 4018

P. O. Address St. Louis 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.