13946
S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1030

Registration District No. 791 Filed Feb 24 1942

Primary Registration District No. 1003

Registrar's No. 861

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
St. Louis City Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 00

(c) City or town St. Louis 23 11
(If outside city or town limits, write "RURAL")

(d) Street No. 2640 Park Ave. 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Richard B. West

3. (b) If veteran, name war Unknown

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased Sept. (Month) 17 (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	10	hr. min.

9. Birthplace Madison Co. (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Bud West
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown Kelley
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Homer West
(b) Address 2618 Park Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Ironton, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.

19. (a) 1 28 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 26.
year 1942 hour 6:25 minute P. M.

21. I hereby certify that I attended the deceased from January 25. 1942 to January 26. 1942;
that I last saw him alive on January 26. 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	
Due to Arteriosclerotic Cardio-vascular disease	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Cerebral hemorrhage	

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 Leo J. Wade (M. D. or other)
Address 1515 Lafayette Avenue. Date signed 1/27/42

(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 Albert E. Lopez

Licensed Embalmer No. 2971

P. O. Address.....

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.