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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
Rec'd NOV 4 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8862

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

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 0
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 19 9
(d) Street No. 4471 Laclede
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Louis A. Westman
3. (b) If veteran, name war XXXXXX 1
3. (c) Social Security No. 43-0163590
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Hazel D. Westman
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased 11 (Month) 1 (Day) 1899 (Year)
8. AGE: Years 42 Months 11 Days 22 If less than one day hr. min.
9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Paperhanger
11. Industry or business Himself
FATHER
12. Name Joseph Westman
13. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)
MOTHER
14. Maiden name Anna Arnold
15. Birthplace Arnold (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Hazel Westman
(b) Address 4471 Laclede
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-26-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park
18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Boulevard
19. (a) OCT 20 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23, year 1942 hour 9:05 minute A. M.
21. I hereby certify that I attended the deceased from October 21, 1942 to October 23, 1942 that I last saw him alive on October 23, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Essential Hypertension	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: Sam	
Of autopsy: Sam	

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 G. E. Houlehan (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 10/23/42

OCT 26 1942 (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 Jack W. Lukens

Licensed Embalmer No. 4110

P. O. Address 4024 Lindell Blvd., St. Louis, Missouri

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.