S. No. 2
M—5-42
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12964

FILED MAY 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3850

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: St. Anthony's 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 000 13 9 17

(a) State Missouri (b) County

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

(d) Street No. 1919 S. Grand Bl.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Westhus

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Emma Westhus

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Sept. 9, 1868 (Month) (Day) (Year)

8. AGE: Years 74 Months 7 Days 14 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Merchant

FATHER
12. Name Henry Westhus
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Francis Bechtold
15. Birthplace Cincinnati (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. Emma Westhus
(b) Address 1919 S. Grand Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/26/43 (Month) (Day) (Year)
(c) Place: burial or cremation S.S. Peter & Paul Cemetery

18. (a) Signature of funeral director Weick Bros.
(b) Address 2201 S. Grand Bl.

19. (a) APR 26 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 1 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 5, 1943, to April 23, 1943 that I last saw him alive on April 23, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute dilation of the heart half hour	
Due to ~~Acute~~ Chronic Myocarditis 12 months	
Due to Arterio Sclerosis 3 years	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature Albert F. Bma (M. D. or other)
Address 1841 S 12th Date signed 4/24/43

(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.....

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

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.