S. No. 2
M—2-43
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FILE
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22524

JUN 25 1943

Registration District No. 317

Primary Registration District No. ~~4~~ 3070

Registrar's No. 1431

96
7
4

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1032 West Big Bend Rd.
(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:

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

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 1032 West Big Bend Rd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Adolph John Westen

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male

5. Color or race white 0

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

6. (b) Name of husband or wife Elsie Krey

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

7. Birth date of deceased February 28, 1890
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	3	20	..... hr. ..... min.

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

10. Usual occupation Retired

11. Industry or business Pres. Great Eastern Coffee Co

FATHER
12. Name Edward Stephan Westen
13. Birthplace Austria (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Marie Anna Rottmann
15. Birthplace St. Louis, Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Mrs. E. S. Westen
(b) Address 1032 West Big Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Robert J. Amburtsre
(b) Address Concordia Lane Clayton Rd

19. (a) JUN 22 1943 (Date received local registrar) (b) C. G. McHarron M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1943 hour 6 minute 55 P. M.

21. I hereby certify that I attended the deceased from 6/15/43, 19..., to 6/18/43, 19...;
that I last saw him alive on 6/18/43, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Auricular Fibrillation	4 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Brain tumor (?) operated 9-10 years ago.
Of autopsy

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 C. J. Vollmer (M. D. or other) MD
Address 53 W. Big Bend Date signed 6/19/43

(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.....1994.....

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.