

FILED JUL 12 1946
318

1003

State File No. _____
Registrar's No. 5851

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
7307 S. Grand
(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 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 117

(d) Street No. 7307 S. Grand
(If rural, give location) ?

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

If yes, name country _____

3. (a) PRINT FULL NAME Henry A. West

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased May 6 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 1 24 hr. _____ min.

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

10. Usual occupation Retired tavern owner

11. Industry or business _____

12. Name August West 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Louise Kraemer 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth West (b) Address 7307 S. Grand

17. (a) Burial (b) Date thereof 7/3/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn Cemetery

18. (a) Signature of funeral director Jos. P. Fendler Jr.
7128 Michigan Ave.

(b) Address _____

19. (a) JUL 2 1946 (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1946 hour 8.30 minute P. M.

21. I hereby certify that I attended the deceased from March 16, 1946, to June 30, 1946, and that death occurred on the date and hour stated above.

that I last saw him alive on June 30, 1946.

Immediate cause of death Pulmonary Edema Duration 6 hours

Due to Chronic Myocarditis 12 months

Due to _____

Other conditions (Include pregnancy within 3 months of death) 9/3

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury 8

23. Signature Abraham (M. D. or other) MD
Address 7430 Virginia Ave. Date signed 7/2/46

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

MOTHER FATHER

264 Virginia
264 Today

STATEMENT BY LICENSED EMBALMER

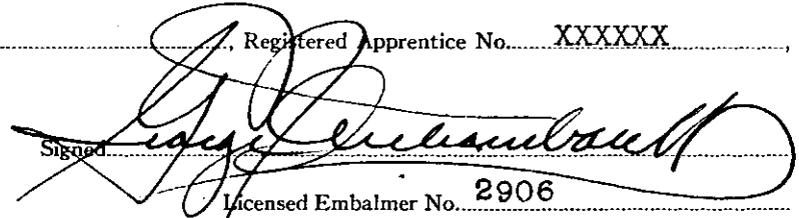
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault

Registered Apprentice No. **XXXXXX**

working under my personal supervision.

Signed



Licensed Embalmer No. **2906**

P. O. Address **7128 Michigan Ave.**

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.