

No. 2
-12-45
-17-39
I X47070

FILED MAR 24 1947
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
3745 Lindell Blvd.
(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)

3. (a) PRINT FULL NAME James Clarence West

3. (b) If veteran, name war. No. 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 Norma Bossing April 14, 1912 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased June 20, 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>8</u>	<u>18</u>	hr. min.

9. Birthplace Augusta, Ga.
(City, town, or county) (State or foreign country)

10. Usual occupation President Missouri Ins. Co.

11. Industry or business Life insurance

MOTHER FATHER { 12. Name Benjamin West

{ 13. Birthplace Graniteville, Ga.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Ella Wall

{ 15. Birthplace ? Ga.
(City, town, or county) (State or foreign country)

16. (a) Informant Norma Bossing West

(b) Address 3745 Lindell Blvd.

17. (a) Burial (b) Date thereof 3/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Robert J. Ambruster, Inc.

(b) Address Clayton Rd. at Concordia Lane

19. (a) MAR 10 1947 J. F. Bredeck
(Date received local registrar's) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 1917

(d) Street No. 3745 Lindell Blvd.
(If rural, give location) 9
0

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1947 hour 9 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 4th
1947 to March 8, 19 47
that I last saw h. im alive on March 7, 19 47;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations no operation

Of autopsy no 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?

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature J. F. Bredeck (M. D. or D. O.)
Address 3910 Olive Street Date signed 3/10/47

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 Arnold W. Schoene

Licensed Embalmer No. 3864

P. O. Address St. Louis, Mo.

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.