

No. 2
2-45
17-39
X47070

FILED APR 8 1947
318
Registration District No.

Primary Registration District No. 1003

State File No. _____
Registrar's No. 2146

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:
3780 Penrose St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. None
(Specify whether)

In this community _____
 years, months or days

3. (a) PRINT FULL NAME Chalres F. Westcott

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Carrie Westcott nee Fegel 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased February 26, 1863
(Month) (Day) (Year)

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

84	0	25	hr. _____ min. _____
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9. Birthplace Unknown Ills.
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Engineer

11. Industry or business _____

12. Name Benjamin Westcott

13. Birthplace Rhode Island
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Rhode Island
(City, town, or county) (State or foreign country)

16. (a) Informant Francis B. Westcott

(b) Address 3786 Lee Ave St.

17. (a) Burial (b) Date thereof 3/26/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director Math Hermann & Son, Inc.

(b) Address 2161 East Fair Ave

19. (a) Math Hermann (b) J. F. Bredeck
(Deputy Registrar) (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")

(d) Street No. 3780 Penrose St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23, year 1947 hour 8:30 A Minute _____ M.

21. I hereby certify that I attended the deceased from Jan. 15, 1945 to March 23, 1947 and that I last saw him alive on Mar. 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arterio-sclerosis

Duration 26 mo

Due to _____

Due to _____

Other conditions 97
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature A. J. Murphy (M. D. or other) M.D.
 Address 4147 N. Newstead Date signed 3/27/47

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 *William G. Buchholz*

Licensed Embalmer No. *21100*

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.