S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

Registration District No. 3

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30009

Primary Registration District No. 6076

Registrar's No. 1803

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Since 8-9-47 (Specify whether years, months or days)
In this community: 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Illinois (b) County: St. Clair
(c) City or town: East St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 4219 Baker Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: WESTERFIELD, Paul
3. (b) If veteran, name war: World War 1
3. (c) Social Security No.: 427323395
4. Sex: male
5. Color or race: negro
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Carrie
6. (c) Age of husband or wife if alive: 47 years
7. Birth date of deceased: January 18, 1898 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
49	7	1	hr. min.

9. Birthplace: Dekalb, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Unknown
FATHER 13. Birthplace: Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Unknown
MOTHER 15. Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital,
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8-22-47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Gates Funeral Home
(b) Address: 4107 Finney, St. Louis, Mo.
19. (a) 8-22-47 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: August day: 19 year: 1947 hour: 8:30 minute: A.M.
21. I hereby certify that I attended the deceased from August 9, 1947, 19..., to August 19, 1947 19...; that I last saw him alive on August 19, 1947 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
NEPHROSCLEROSIS ADVANCED:	
HYPERTROPHY AND DILATATION OF THE HEART	
Due to ADVANCED: CONGESTION AND	
EDEMA OF BOTH LUNGS.	
Due to	
131-a	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: No Operation
Of autopsy: Autopsy performed (See Cause of Death)

PHYSICIAN — Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): no
(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: L. E. [signature] (M. D. or other)
Address: VAH, Jeff. Brks., Mo. Date signed: 8-19-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Thomas J. Gates Registered Apprentice No. _____, working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. ~~[illegible]~~ 4259

P. O. Address 4107 [illegible]

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.