S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

36398

State File No.

FILED NOV 14 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10087

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: Homer G Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1½ mons (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 3042 Pine St
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME James Westwood

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Magnolia Westwood

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

7. Birth date of deceased Dec. (Month) 25 (Day) 1885 (Year)

8. AGE: Years 62 Months 10 Days 4 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Sim Westwood
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Pickens
15. Birthplace Ga. (City, town, or county) (State or foreign country)

16. (a) Informant Willie Westwood
(b) Address 3042 Pine

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-1-47 (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Washington Park

18. (a) Signature of funeral director Wm Smith
(b) Address 1721 Colemon St

19. (a) OCT 31 1947 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29
year 1947 hour 4 minute P M.

21. I hereby certify that I attended the deceased from Sept. 10, 1947, to Oct. 29, 1947;
that I last saw him alive on Oct. 29, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of the Esophagus (Epidermoid)	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy None

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)

(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 J M Whittier (M. D. ~~or other~~)
Address 2601 N Whittier Date signed 10/31/47

Jefferson City Printing Co.

(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.....

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.