

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 28 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28318
Registrar's No. 7354

Registration District No. _____

Primary Registration District No. 1003

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

1. PLACE OF DEATH:
(a) County St. Louis, Mo
(b) City or town _____
(c) Name of hospital or institution: City Hospital ()
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County St. Louis, Mo
(c) City or town _____
(d) Street No. 822 LaBeaume
(e) Citizen of foreign country? _____
If yes, name country _____

3. (a) PRINT FULL NAME Joseph J. West
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 19th
year 1948 hour 9:00 minute P M.
21. I hereby certify that I attended the deceased from _____
_____ 19____, to _____ 19____;

4. Sex M 5. Color or race W
6. (b) Name of husband or wife Bessie West
7. Birth date of deceased: May 22 1892
(Month) (Day) (Year)

that I last saw h _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

8. AGE: Years 56 Months 2 Days 28
If less than one day _____ hr. _____ min.

Immediate cause of death Oedema of Brain;
Arterio Sclerosis; WHETHER THE RE-
SULT of being struck and knocked to
the brick sidewalk by one Gene Smith
in front of 822 LeBeaume, around
7:00 P.M., August 13, 1948, or
NATURAL CAUSES, could not be de-
termined. Duration _____

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

Other conditions _____ OPEN VERDICT
(Include pregnancy within 3 months of death)

10. Usual occupation Huckster

MOTHER FATHER { 11. Industry or business _____
12. Name William West
13. Birthplace St. Louis Mo _____
(City, town, or county) (State or foreign country)
14. Maiden name Lena Byonia
15. Birthplace St. Louis, Mo _____
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Bessie West
(b) Address 822 LaBeaume
17. (a) Burial (b) Date thereof 8-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Open Verdict
(b) Date of occurrence 8-13-1948
(c) Where did injury occur? St. Louis
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

18. (a) Signature of funeral director Edu. Robertson
(b) Address 3516 W. 14th St. St. Louis
19. (a) AUG 22 1948 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

While at work? no (Specify type of place)
(e) Means of injury See above
23. Signature Patrick & Hughes
Address _____

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..... *J. Allen Davis Jr*
Licensed Embalmer No..... *4053*
P. O. Address..... *St. Louis*

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.