

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40175

State File No.

FILED DEC 8-1951

BIRTH NO. REG. DIST. NO. 217 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3770

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give town) WELLSTON		c. LENGTH OF STAY (in this place) years 30	
c. CITY (If outside corporate limits, write RURAL and give township) Wellston		d. STREET ADDRESS (If rural, give location) 6531 Julian Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6531 Julian Ave.		d. STREET ADDRESS (If rural, give location) 6531 Julian Ave.	

3. NAME OF DECEASED (Type or Print) a. (First) LOUIS b. (Middle) C c. (Last) WESTLAKE.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1951		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH June 16, 1873		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired: Charter Oak Stove & Range Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. James, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William C. Westlake		13b. MOTHER'S MAIDEN NAME Mary Owens		14. NAME OF HUSBAND OR WIFE Myrtle A. Westlake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 493-07-7989		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Myrtle A. Westlake; 6531 Julian Ave.,	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 3 hr.	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Essential hypertension 10 yrs.			
		DUE TO (c) Generalized Arteriosclerosis?			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 331X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from April, 1939, to Nov 20, 1951, that I last saw the deceased alive on Nov 20, 1951, and that death occurred at 11 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm K Weber M.D.		23b. ADDRESS 1506 Hodiament Ave		23c. DATE SIGNED 11-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11-23-1951		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery	
24d. LOCATION (City, town, or county) (State) St. James, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons; 7233 Delmar Blvd.,			
DATE REC'D BY LOCAL REG. 11-21-51		REGISTRAR'S SIGNATURE Hubert P. Donke MD			

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

working under my personal supervision.

Student Embalmer No.

Signed

Melvin L. Kemper

Signed.....
Student Embalmer

Licensed Embalmer No. *445-2*

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.