

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3920
0983

FILED FEB 11 1953

State File No.
Registrar's No.

BIRTH NO. 10046 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

| | | | | | |
|---|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) 15 days | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2219 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Homer G. Phillips | | | d. STREET ADDRESS (If rural, give location) 21 2826 Cass | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Shelly b. (Middle) (Twin # 2) c. (Last) Westbrook | | | 4. DATE OF DEATH (Month) (Day) (Year) 1 16 53 | | |
| 5. SEX 3 Fem. | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED 0 | 8. DATE OF BIRTH 1-1-53 | 9. AGE (In years last birthday) 19 | IF UNDER 1 YEAR Days 15 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | |
| 12. CITIZEN OF WHAT COUNTRY? U | | 13a. FATHER'S NAME | 13b. MOTHER'S MAIDEN NAME Mary Lou Westbrook | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME Arthur M. Sherrard, R.N. | | |
| 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature birth | | | ADDRESS 2601 N. Whittier |
| 2. ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | |
| 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 776X | | | |
| 22. I hereby certify that I attended the deceased from 1-1-1953 to 1-16-1953 that I last saw the deceased alive on 1-16-1953 and that death occurred at 9:10 P.M. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE W. H. Sherrard | | | 23b. ADDRESS 2601 N. Whittier St. | 23c. DATE SIGNED 1-16-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 1-31-53 | 24c. NAME OF CEMETERY OR CREMATORY Anatomical Board | 24d. LOCATION (City, town, or county) (State) St. Louis, Mo. | | |
| DATE REC'D BY LOCAL REG. JAN 28 1953 | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service | | |
| ADDRESS 4104 Manchester Ave. | | | | | |

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

(Licensed Embalmer's Statement) **m J.B.**

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

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.