

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12501

No. 300
10.48

State File No. _____
2669

FILED MAR 31 1953

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. _____

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, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS 2249	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 24 3900 S. Main St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) MYRTLE b. (Middle) c. (Last) WESTLING		4. DATE OF DEATH (Month) (Day) (Year) MARCH 10, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 19, 1881
9. AGE (In years last birthday) (Specify) 72 yrs.		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS	
12. CITIZEN OF WHAT COUNTRY (AND DEATH) U. S. A.			
13a. FATHER'S NAME William Reese		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Harry Westling.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 495-14-9005A	
17. INFORMANT'S SIGNATURE OR NAME Mr. Frank Brill, 3900 S. Main St. City, IL		ADDRESS	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Cerebral Arteriosclerosis 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.	
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)			
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? 331X			
22. I hereby certify that I attended the deceased from <u>3-2-53</u> , 19 <u> </u> , to <u>3-10-53</u> , 19 <u> </u> , that I last saw the deceased alive on <u>3-10-53</u> , 19 <u> </u> , and that death occurred at <u>4:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE Wm Huggins, M.D.		23b. ADDRESS 1515 Lafayette Avenue	
23c. DATE SIGNED 3-10-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE March, 12, 1953	
24c. NAME OF CEMETERY OR CREMATORY SHILOH Cemetery		24d. LOCATION (City, town, or county) (State) MARION, ILLINOIS	
DATE REC'D BY LOCAL REG. MAR 10 1953		REGISTRAR'S SIGNATURE J. C. Smith, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Witt Bros. I.L. & U. Co.		ADDRESS 2929 S. Jefferson Ave	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed D. M. Davis

Licensed Embalmer No. 3741

P. O. Address 2929 S. Jefferson

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.