

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34404

State File No.

FILED OCT 2 - 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>531</u>		Registrar's No. <u>2376</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS, MISSOURI.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI.</u> b. COUNTY <u>ST. LOUIS,</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIVERSITY CITY..</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>UNIVERSITY CITY.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>#7335 COLGATE AVENUE.</u>				e. STREET ADDRESS (If rural, give location) <u>#7335 COLGATE AVENUE.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUSTA</u>		b. (Middle) <u>HAVERPORTH</u>		c. (Last) <u>WESTCOTT.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sep't 3, 1953.</u>	
5. SEX <u>Female.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married.</u>	8. DATE OF BIRTH <u>Sep't 19, 1875.</u>		9. AGE (In years last birthday) <u>77.</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Haverporth.</u>		13b. MOTHER'S MAIDEN NAME <u>Augusta Vogt.</u>		14. NAME OF HUSBAND OR WIFE <u>John Willis Westcott.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>		16. SOCIAL SECURITY NO. <u>None.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Melva W. Ellis, #7335 Colgate Ave.,</u>			
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) <u>Cardio - Vascular disease</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General infarctives, old age.</u> 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 <u>1 yr 2.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4221</u>				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) (Min.)		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 <u>8:20</u> , 19 <u>52</u> , to <u>9-3</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>9-2-53</u> , and that death occurred at <u>12:45</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Clarence G. Hill MD</u>				23b. ADDRESS <u>1927 3rd</u>		23c. DATE SIGNED <u>9-4-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/5/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery.</u>		24d. LOCATION (City, town, or county) (State) <u>#7800 St. Charles County, Mo.</u>		
DATE RECD BY LOCAL REG. <u>9/4/53</u>		REGISTRAR'S SIGNATURE <u>Heckard B. Jambke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons, #7233 Delmar Blv'd.,</u>			

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

10-12-4 3-5
Fri.
Mu: 5645.

NOV 19 1957

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.....
Signature of Student Embalmer

Signed *Clarence A. Shurr*.....

Licensed Embalmer No. *4011*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.