

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14483

State File No.

FILED APR 26 1954

BIRTH NO. 96171-54 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590 Registrar's No. 808

1. PLACE OF DEATH a. COUNTY Saint 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 township) OR TOWN Kinloch		c. CITY OR TOWN Kinloch 4091	
c. LENGTH OF STAY (in this place) 3 Mos		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 919 Waring Ave		e. STREET ADDRESS (If rural, give location) 919 Waring Avenue	

3. NAME OF DECEASED (Type or Print) RACHELLE	a. (First)	b. (Middle)	c. (Last) WEST	4. DATE OF DEATH (Month) (Day) (Year) Apr 3 1954
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5. SEX Female	6. COLOR OR RACE Col	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Singl	8. DATE OF BIRTH 22 Dec 53	9. AGE (In years last birthday) 3 IF UNDER 1 YEAR Month 11 IF UNDER 12 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY --- NONE	11. BIRTHPLACE (City and State or Foreign Country) Saint Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Coyal B. West	13b. MOTHER'S MAIDEN NAME Althea Thomas	14. NAME OF HUSBAND OR WIFE None
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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. None	17. INFORMANT'S SIGNATURE OR NAME Coyal B. West, Kinloch, Mo. ADDRESS
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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		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Contracted cold. 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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 4-1-1954 to 4-3-1954, that I last saw the deceased alive on 4-3-1954, and that death occurred at 9:23 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) [Signature]	23b. ADDRESS 3570 Jefferson, Kinloch, Mo.	23c. DATE SIGNED 4-6-54
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24a. BURIAL, CREMATION, REGIONAL (Specify) Burial	24b. DATE 7 Apr 54	24c. NAME OF CEMETERY OR CREMATORY Washington Park	24d. LOCATION (City, town, or county) (State) Berkeley, Missouri
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DATE REC'D BY LOCAL REG. 4-5-54	REGISTRAR'S SIGNATURE Herbert R. Dombard	25. FUNERAL DIRECTOR'S SIGNATURE Boyd Bros. ADDRESS Kinloch 21, Mo.
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522 (Licensed Embalmer's Statement on Reverse Side)

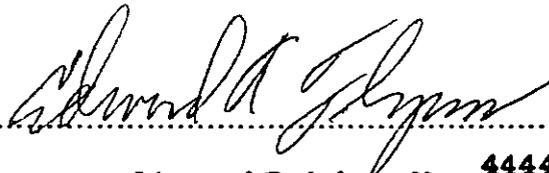
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10-48

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.....


Licensed Embalmer No..... 4444

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.