

FILED MAR 7 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6608

State File No.

BIRTH NO. 74881-54 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1546

1. PLACE OF DEATH
a. COUNTY 0

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)
SAINT LOUIS NOT ADMITTED

c. CITY OR TOWN SAINT LOUIS
d. Is Residence within limits of a city or incorporated town?
Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDREN'S STREET ADDRESS (If rural, give location) 2269 1514th MONTGOMERY

3. NAME OF DECEASED
a. (First) MICHAEL b. (Middle) ALBERT c. (Last) WEST

4. DATE OF DEATH
(Month) (Day) (Year)
2-17-55

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH
9-28-54

9. AGE (In years last birthday) 4¹/₂
IF UNDER 1 YEAR: Months Days Hours Mins.
4¹/₂

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)
ST. LOUIS MO 0

12. CITIZEN OF WHAT COUNTRY
U.S.A

13a. FATHER'S NAME
KENNETH A WEST

13b. MOTHER'S MAIDEN NAME
PATRICIA LEE

14. NAME OF HUSBAND OR WIFE
J. EGAN 500 So. Kingshighway

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 ADDRESS
J. EGAN 500 So. Kingshighway

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, ashenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause undetermined
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
Congenital Cardiac Hypertrophy
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.
Dr. Joseph M. Leiner Deputy Coroner 2/12/55

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES NO

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)
7544

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-17, 1955, to 2-17, 1955, that I last saw the deceased alive on 2-17, 1955, and that death occurred at 1:30 AM., from the causes and on the date stated above.

23a. SIGNATURE Dr. P. Thurston (Degree or title)

23b. ADDRESS St. Louis Childrens Hospital

23c. DATE SIGNED 2-18-55

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE 2/19/55

24c. NAME OF CEMETERY OR CREMATORY Memorial Cemetery

24d. LOCATION (City, town, or county) (State)
St. Louis Co. Mo.,

DATE REC'D BY LOCAL REG. FEB 18 1955

REGISTRAR'S SIGNATURE Carl Smith Mo

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Leidner Undertaking Co. 2223 St. Louis A.

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*.....

Licensed Embalmer No. *374*.....

P. O. Address *St. Louis*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.