S. No. 300
Rev. 10.48

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

XC-4 690 846
Reg. 17242
SL-10378

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25319

FILED JUL 20 1956

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 6122

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 915 N.Grand,St.Louis,Mo.
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Veterans Administration Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: FRANKLIN
c. CITY OR TOWN: SULLIVAN
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 401 TAYLOR AVENUE D 361

3. NAME OF DECEASED (Type or Print)
a. (First): WILBERT
b. (Middle): J.
c. (Last): WEST

4. DATE OF DEATH (Month) (Day) (Year): 6-28-56

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 6-10-16
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service Worker
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Government
11. BIRTHPLACE (City and State or Foreign Country): FRANKLIN COUNTY, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: USA
13a. FATHER'S NAME: Corneilus West
13b. MOTHER'S MAIDEN NAME: Mathilda Bledsoe
14. NAME OF HUSBAND OR WIFE: Mildred West
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-2
16. SOCIAL SECURITY NO.: 487 18 0424
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: VA Hosp.Records,915 N.Grand,St.Louis,Mo.

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

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

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.* Cardiovascular Disease due to Hypertension of lesser circulation. Bronchiectasis — 8 months / 11 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 491+
20. AUTOPSY? YES [X] 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I VA attended the deceased from* 6-25-56, 19____, *to* 6-28-56, 19____ *and that death occurred at* 7:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE J. T. Kaminskas (Degree or title) M.D.
23b. ADDRESS 915 N. Grand VA Hosp. St.Louis, Mo.
23c. DATE SIGNED 6-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/29/56
24c. NAME OF CEMETERY OR CREMATORY: Sullivan, Mo.
24d. LOCATION (City, town, or county) (State): Sullivan, Mo

DATE REC'D BY LOCAL REG.: JUN 28 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Edward Fendler 5611 S Grand Blvd.
(Licensed Embalmer's Statement on Reverse Side)

APR 15 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Harry J. Schumacher

Licensed Embalmer No. 267

P. O. Address 5611 S Ge

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