

Stillborn #
1410-58
FILES DEC 22 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046496
State File No.
REGISTRAR'S No. **11669**

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

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

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Illinois**
b. COUNTY
c. CITY OR TOWN **Belleville**
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
30 St. Louis Maternity
e. STREET ADDRESS (If rural, give location)
32 410 Kansas

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last)
West
4. DATE OF DEATH (Month) (Day) (Year)
November 25 1958

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Never Married** 8. DATE OF BIRTH **November 25 1958** 9. AGE (In years last birthday) **3** if UNDER 1 YEAR Months **8** if UNDER 24 HRS. Days **8** Hours **30** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **None** 10b. KIND OF BUSINESS OR INDUSTRY **None** 11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Missouri** 12. CITIZEN OF WHAT COUNTRY? **United States**

13a. FATHER'S NAME **Lewis Jacob West** 13b. MOTHER'S MAIDEN NAME **Ethel Elizabeth Collins** 14. NAME OF HUSBAND OR WIFE **None**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME **Lewis & Ethel West** ADDRESS **410 Kansas**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* **(a) Anoxia from Compression of Cord (breach)**
ANTECEDENT CAUSES **(b) Cord compression**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
(c) Breach Presentation
DUE TO (b) **(c)**
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Operative Procedure - Breach delivery.**

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION **761.0** 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 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 **11/25**, 19**58**, to **11/25**, 19**58**, that I last saw the deceased alive on **11/25**, 19**58** and that death occurred at **6:35P** m., from the causes and on the date stated above.

23a. SIGNATURE **John Hobbs** (Degree or title) **M. D.** 23b. ADDRESS **630 S. Kingshighway** 23c. DATE SIGNED **11/28/58**

24a. BURIAL, CREMATION, REMOVAL (Specify) 24b. DATE **12-1-58** 24c. NAME OF CEMETERY OR CREMATORY **Anatomical Board** 24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **DEC 4 58** REGISTRAR'S SIGNATURE **Earl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Mo Rawland Ober** ADDRESS **4104 Manchester**
mrb (Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.