

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-031217

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7465

STATE FILE NUMBER

FILED AUG 18 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	
Length of stay in 1b <u>15min.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Incarnate Word</u>		d. STREET ADDRESS (If outside, give location) <u>2630 Allen</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Baby</u> Middle <u>Westmoreland</u> Last <u>Westmoreland</u>			4. DATE OF DEATH Month <u>8</u> Day <u>11</u> Year <u>61</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married Never Married <input checked="" type="checkbox"/> Divorced	8. DATE OF BIRTH <u>8-11-61</u>	9. AGE (last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo.</u>	Months	Days
			12. CITIZEN OF WHAT COUNTRY <u>USA</u>		Hours	Min. <u>15</u>

13a. FATHER'S NAME <u>Sherman Harrison Westmoreland</u>		13b. MOTHER'S MAIDEN NAME <u>Rosalie Meador</u>		14. NAME OF HUSBAND OR WIFE <u>None</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 Address <u>Mrs. Westmoreland 2630 Allen</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>5 months fetus</u>		
DUE TO (b) <u>Instantly</u>		
DUE TO (c) <u>(missed abortion)</u>		<u>776x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Does not apply</u>	20f. CITY, TOWN, OR LOCATION <u>St. Louis</u>	COUNTY <u>St. Louis Co.</u>	STATE <u>Mo.</u>
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21. I attended the deceased from _____ to _____ and last saw him alive on 8-11-61
Death occurred at any 11-1961 (USA) on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Alvin St. Louis</u>	(Degree or title)	22b. ADDRESS <u>3251 Myrtle</u>	22c. DATE SIGNED <u>8/11/61</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removed</u>	23b. DATE <u>8-14-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Trinity Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>
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24. FUNERAL DIRECTOR <u>McLaughlin, 2301 Lafayette</u>	25. DATE RECD. BY LOCAL REG. <u>AUG 11 1961</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

